THE HENRY J. KAISER FAMILY FOUNDATION

Highlights and Chartpack

The Kaiser Family Foundation
D.C. Health Care Access Survey, 2003

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Prepared by

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D.C. Health Care Access Survey, 2003
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The Henry J. Kaiser Family Foundation (KFF) *D.C. Health Care Access Survey, 2003* interviewed a representative sample of 1,581 adults, ages 18 and older, living in Washington, D.C. The survey is intended to inform discussion of health care issues in the District by examining the views and experiences of some of D.C.'s most vulnerable populations, as well as the general population. It provides an opportunity to assess health care access by age (nonelderly adults vs. elderly adults), race/ethnicity (African Americans, Latinos and whites), and income (lower-income vs. higher-income residents). It also provides insight on how the public perceives D.C.'s health problems and health institutions.

Background

Washington, D.C. is an ideal place to examine health care access issues in an urban setting. According to the U.S. Census, D.C. has a higher per-capita income than most states in the U.S., and yet, has one of the highest poverty rates in the nation. About one in five D.C. residents (20%) is poor and an additional 16% are near poor (i.e., incomes between 100–200% of poverty).[1] This compares with about one in ten (12%) U.S. residents who is poor and 17% who are near poor. (Chart 1)

The District's health indices are also of concern (Chart 2). For example, data from the U.S. Department of Health and Human Services indicate that the District's infant mortality rate is nearly twice the national average (12 vs. 7 per 1,000 live births) and the AIDS case rate is ten times the national average (152 vs. 15 per 100,000 population). D.C. residents have a higher rate of deaths due to heart disease than 40 states, even though the rate is only about ten percent higher than the U.S. average (296 vs. 270 per 100,000). While the District's health statistics have been compared with those of developing countries, they mirror the statistics of several urban areas with large racial/ethnic minority populations. People of color comprise over two-thirds of D.C.'s population, which is 60% African American, 8% Latino, and 4% Asian and other racial/ethnic minority groups.

In the last five years, D.C.'s health care safety net has undergone major transitions. In 1999, the District consolidated its public hospital and network of ambulatory clinics into a single entity. After three years, that entity was abolished and the public hospital, D.C. General, was closed. The District, in 2001, contracted with an Arizona-based corporation to provide health services for uninsured residents. This contract resulted in a public-private partnership called the D.C. HealthCare Alliance, under which the remaining clinics and safety net providers operate. However, the hospital that has served as the hub for the Alliance's inpatient and emergency services (Greater Southeast Hospital), has faced problems with solvency and accreditation in the past year. While, anecdotally, the Alliance appeared to be improving health care access, there has been no systematic assessment of how well it is meeting the needs of District residents.

Throughout these transitions, Medicaid, a component of the District's health care safety net, has been a critically important resource to low-income families as well as low-income elderly and disabled residents. D.C. Medicaid, however, also has faced a volatile period with

budget shortfalls and shifts in the managed care organizations (MCO) that serve the largest share of program beneficiaries (i.e., low-income children and their parents). The withdrawal of health plans from the Medicaid market is similar to what is occurring in many states, but nonetheless results in a churning of Medicaid beneficiaries through different MCO management systems and, in some cases, a disruption in enrollment that puts increased strain on already stressed safety net providers that now make up the D.C. HealthCare Alliance.

Key Findings

Highlights of the survey findings include:

D.C. has one of the lowest rates of uninsured adults in the nation. An estimated 13% of nonelderly adult residents in the District are uninsured, with 4% of uninsured adults enrolled in the D.C. HealthCare Alliance and 9% remaining without any coverage. Even when the Alliance enrollees are counted among the uninsured, D.C. has an uninsured rate that places it alongside 15 states with nonelderly adult uninsured rates of 13% or less in 2001.

As in the nation, uninsured adults fare worse than those who are insured on most access indicators. Low-income, Latino, and male residents 18–64 are more likely than their counterparts to be uninsured, and the uninsured are less likely than residents with Medicaid or private insurance to have a regular source of care, to have a particular doctor they see when sick, and to have had a medical visit in the past twelve months. They also are more likely than insured residents to identify a hospital emergency room as their regular source of care.

D.C.'s Latino population is particularly vulnerable. In addition to having the highest uninsured rate of the population groups under study, Latinos in D.C. are poorer than African Americans or whites, and fare worse than both groups on most access indicators. Over a third (38%) of Latinos 18–64 report not having a medical visit in the past twelve months, as compared with 13% of African Americans and 10% of whites in the same age range.

Residents identify HIV/AIDS as D.C.'s most critical health issue, and have mixed views about the District government's role in addressing health problems. Nearly a quarter (24%) of the District's residents name HIV/AIDS and other STDs as the most urgent health problem facing the city. The majority of residents give the District government average ratings on how well it is serving the people of the District, with views varying by the age, income and race/ethnicity of the resident.

Overall response to the D.C. HealthCare Alliance, the public/private partnership established to improve access for the uninsured, is more favorable than unfavorable. Of residents familiar with the Alliance (about one-third of the sample), the majority (56%) has favorable views of the Alliance and 28% have no view at all. Only 15% have unfavorable views of the Alliance.

I. The Survey Population

The nation's capital is home to more than a half-million residents who are poorer and less healthy than the U.S. population as a whole. It is well known that D.C. has a predominantly racial/ethnic minority population (about 70%); however, the KFF survey also documents dramatic differences between the income distribution of D.C.'s minority and white population groups. The survey found that about 4 in 10 (38%) African Americans and one-half (55%) of Latinos in D.C. report incomes below 200% of poverty (which, for example, would be less than $30,520 for a family of three in 2003). In contrast, most whites (80%) in D.C. report incomes at or above 200% of poverty. This economic inequality shapes the health and health care-seeking behaviors of D.C. residents. (Chart 3, Appendix 1)

Racial/ethnic health disparities identified in the KFF survey, while consistent with national statistics, reflect a gap unlike that in the rest of the nation. Nationally, African Americans and Latinos are about twice as likely to report being in fair or poor health as whites.[2] In D.C., this difference is at least fourfold. Among D.C. residents ages 18–64, 16% of African Americans and 23% of Latinos report being in fair or poor health, as compared with 4% of whites. The survey also found a sevenfold difference in the percent of nonelderly adult African Americans (14%) and whites (2%) reporting a disability or chronic condition that limits their activity. The magnitude of these health disparities by race/ethnicity may in part reflect the sharp income disparities (i.e., a largely lower-income minority population and a higher-income white population) in the District.[3]

Consistent with national data are D.C.'s patterns of health status by age and income. A larger percentage of the elderly report they are in fair or poor health than nonelderly adults (24% vs. 13%). Also, low-income residents are in poorer health than upper-income residents. Among adults 18–64, a larger share of poor (31%) and near poor (21%) report fair or poor health than non-poor (6%) residents. Among seniors, a larger share of poor/near poor (38%) report fair or poor health than non-poor residents (15%). (Charts 4, 5)

II. Health Insurance Coverage

Seventy percent of nonelderly adults in D.C. report coverage through private insurance and 20% report they are enrolled either in Medicaid, the Alliance, or another source of coverage. Health coverage of nonelderly adults varies considerably by race, income, and gender. Most (91%) of the elderly report being enrolled in Medicare and the vast majority of Medicare beneficiaries report a source of public or private supplemental coverage. (Charts 6–10)

D.C. has one of the lowest rates of uninsured adults in the nation.

- An estimated 13% of nonelderly adult residents in the District are uninsured, with 4% of adults enrolled in the D.C. HealthCare Alliance and 9% remaining without coverage. Even when Alliance enrollees are counted among the uninsured, D.C. has a rate of uninsured adults that places it alongside 15 states with nonelderly adult uninsured rates of 13% or less in 2001. An important factor contributing to the comparatively low uninsured rate in D.C. is the reach of the District's Medicaid program, which extends eligibility to parents (of Medicaid enrolled children) with incomes up to 200% of poverty. (Chart 6)

- An estimated 4% of nonelderly adult residents are enrolled in the D.C. HealthCare Alliance, a public/private partnership that became operational in 2001. Residents qualify for the Alliance because they are uninsured, ineligible for Medicaid, and have income less than

200% of poverty. About 12% of poor and 8% of near poor residents report being enrolled in the Alliance. (For the analysis of health care access indicators, D.C. HealthCare Alliance enrollees are not counted among the uninsured, although technically, the Alliance is not insurance, as it provides enrollees with a source of medical care, but not a defined set of outpatient or inpatient benefits.) (Charts 6, 7)

- An estimated 6%–9% of D.C. households (with children) had a child under age 18 lacking coverage either through a private source, a public source, or the Alliance. Of the households with an insured child, 62% have a child covered through a private plan, and 28% have a child covered by Medicaid.

Among adults 18–64, disparities in health coverage by race/ethnicity, income, and gender are similar to patterns observed nationwide, with Latino residents being the most likely to be uninsured.

- About one-third (32%) of Latino residents 18–64 are uninsured, a rate that is 3 times higher than the rate for African Americans (10%) and 8 times higher than the rate for whites (4%). (Charts 8,9)

- About 10% of African Americans 18–64 are uninsured, a rate that is more than twice as high as the rate for whites (4%). (Charts 8,9)

- About 14% of poor residents and 16% of near poor residents 18–64 are uninsured, a rate that is three times higher than the rate for higher-income residents (5%). (Charts 7,9)

- About 15% of male residents 18–64 are uninsured, a rate that is three times higher than the rate for women (5%). (Chart 9)

Most elderly residents report Medicare as their health insurance coverage and the vast majority report an additional source of public or private coverage to supplement their Medicare.

- Ninety-one percent of D.C. seniors report Medicare coverage to help pay for basic medical care, 7% report some other form of coverage (mostly private sources), and 2% did not know their source of coverage. (Chart 10)

- To help with Medicare's gaps in coverage, most seniors have some form of supplemental insurance. Fifty-six percent have Medicare plus private insurance that they likely obtain either through a former employer or union or purchase on their own. (Chart 10)

- Medicaid fills in Medicare's gaps for the lowest income seniors. Nineteen percent of all seniors rely on Medicare plus Medicaid to help pay for their health care needs. (Chart 10)

- One in ten seniors has only Medicare benefits, lacking additional coverage to help with medical expenses such as prescription drugs that are not covered by Medicare. (Chart 10)

III. Access to Care and Use of Health Services

Most (88%) D.C. residents report having a regular source of medical care, such as a doctor's office or clinic. However, 7% of residents identify the emergency room (ER) as their source of care and 2% report no regular source of care. Residents who are uninsured, low-income, or members of racial/ethnic minority groups are less likely than their respective counterparts to have an office-based provider as a regular source of care. (Charts 11–17)

Uninsured D.C. residents 18–64 face considerable barriers in obtaining care and receive less care than the insured, despite evidence that they are in similar or poorer health than insured residents.

- The uninsured, compared to those with insurance coverage, are more likely to report not having a regular source of care (Uninsured 15%; Medicaid 1%; Private 1%), and more likely to identify a hospital ER as their regular source of care (Uninsured 21%; Medicaid 9%; Private 4%). (Chart 11)

- Close to half (45%) of the uninsured had no medical visits in the last 12 months—a proportion vastly larger than the proportions for residents with private coverage (11%) or Medicaid (7%). (Chart 14)

Nonelderly adults covered by Medicaid generally fare better in accessing the health care system than the uninsured.

- Only 1% of Medicaid beneficiaries report not having a regular source of medical care, as compared with 15% of uninsured residents. (Chart 11)

- Only 7% of Medicaid beneficiaries report not having a doctor's visit in the last 12 months, as compared with 45% of uninsured residents. (Chart 14)

- Only 2% of Medicaid beneficiaries report that they pay, on average, more than $100 per month in out-of-pocket costs when they see a doctor, as compared with 17% of uninsured residents. (Chart 19)

However, some access indicators of nonelderly adult Medicaid beneficiaries are problematic.

- About 2 in 5 (41%) Medicaid beneficiaries report not having a particular doctor they see when sick or need medical advice. (Chart 13)

- About 1 in 5 (19%) Medicaid beneficiaries reports waiting two weeks or more for a medical appointment when sick. (Chart 15)

Despite being sicker and being heavier users of the health care system than younger adults, seniors ages 65+ fare better than younger adults in obtaining care, a finding likely largely attributable to Medicare's role in reducing financial barriers to care.

- One in five (21%) seniors does not have a particular doctor or health professional they usually go to when sick or need medical advice, compared to over one-third (36%) of younger adults. (Chart 13)

- Five percent of seniors report waiting two weeks or more to get a medical appointment when sick, compared to 11% of younger adults. (Chart 15)

- One in ten (10%) seniors report missing or postponing needed medical care in the past 12 months, compared with 18% of younger adults. (Chart 16)

However, low-income elderly residents appear to face particular access challenges.

- About 1 in 5 (19%) poor/near poor seniors reports not having a doctor's visit in the past 12 months, as compared with 4% of higher income seniors, despite evidence of being in poorer health. (Chart 14)

There are disparities in health care access by race/ethnicity and by income, two separate and yet related factors. Five indicators of access provide evidence of health care disparities in the District: no regular source of care; hospital ER as regular source of care; no particular doctor; no medical visits in the last 12 months; and two or more week wait for a medical appointment. These disparities reflect the interrelatedness of race and income in D.C.

- Nonelderly low-income residents, who are disproportionately African American and Latino, fare worse than higher-income residents on these the five access indicators. (Chart 17)

- Nonelderly African Americans, who represent a disproportionate share of low-income residents, fare worse than white residents on two of the five access indicators (hospital emergency room as regular source of care, and two or more week wait for a medical appointment). (Chart 17)

- Nonelderly Latinos, who represent a disproportionate share of low-income residents, fare worse than whites on all five of the access indicators examined, and worse than African Americans on four of the five (all but hospital emergency room as regular source of care). (Chart 17)

IV. Cost and Financial Burden of Health Care

A relatively small share of D.C. residents (14% of nonelderly; 11% of elderly) report problems paying medical bills for services such as a doctor or hospital visit or for prescription drugs, but the financial burden of health costs varies by age, race/ethnicity, and insurance coverage. (Charts 18–23)

Most residents 18–64 report out-of-pocket costs for a doctor's visit of less than $100 dollars; however, uninsured and Latino residents report a larger financial burden than their counterparts.

- Seventeen percent of uninsured nonelderly residents report average out-of-pocket spending for a doctor's visit of $100 or more, as compared with 2% of Medicaid beneficiaries and 3% of residents with private insurance. (Chart 19)

- Fourteen percent of Latino nonelderly residents report average out-of-pocket spending for a doctor's visit of $100 or more, as compared with 3% of African Americans and 5% of Whites. (Chart 19)

Not surprisingly, seniors 65+ are more likely than nonelderly adults to report prescription drug costs of $100 or more, and poor/near poor seniors are the most likely to report forgoing needed medications because of cost.

- Eleven percent of seniors compared to 5% of nonelderly adults who have taken prescription drugs in the past 12 months report paying, on average, more than $100 dollars per month out-of-pocket. (Chart 20)

- Twenty-two percent of poor/near poor seniors who have taken prescription drugs in the past 12 months report not filling prescriptions, skipping doses, splitting pills, or not taking them as directed because of cost, compared to 7% of higher income seniors. (Chart 21)

Some residents delay getting needed care for cost-related reasons and others face a financial burden after obtaining care.

- Of all adults (nonelderly and elderly) in D.C. who report that they missed or postponed medical care in the past year, over a quarter (29%) say they did so because they couldn't afford the cost. (Chart 22)

- About one in five (20%) D.C. residents reports having been contacted by a collection agency about unpaid medical bills, with a larger share of adults 18–64 than seniors 65+ reporting they have been contacted (21% vs.13%). (Chart 23)

- Residents 18–64 who are poor or near poor, uninsured, covered by Medicaid, or African American are more likely than their respective counterparts to report having been contacted by a collection agency about unpaid medical bills. Poor/near seniors are more likely to report being contacted by a collection agency than higher income seniors. (Chart 23)

V. Health Care Attitudes and Experiences

The vast majority (79%) of D.C. residents rate their overall experiences in the health care system as excellent or good. Elderly, white, and higher-income residents are more likely to report positive experiences than their counterparts. (Charts 24–28)

The elderly have more favorable views of their experiences in the health care system in the past twelve months than do younger adults. Of residents with a doctor or hospital visit:

- Fewer than one in ten (9%) seniors ranked the services they received overall as fair or poor, compared to 22% of younger adults. (Chart 24)

- Nineteen percent of seniors ranked their waiting time as fair or poor, compared to 39% of younger adults. (Chart 25)

- Eleven percent of seniors ranked the time the doctor spent with them as fair or poor, compared to 25% of younger adults. (Chart 25)

- Four percent of seniors ranked their doctor overall as fair or poor, compared to 14% of younger adults. (Chart 25)

Low-income and racial/ethnic minority residents report less favorable experiences in the health care system than white and higher-income residents.

- More than a quarter of poor (37%) and near poor (27%) residents rate the services they received in the past 12 months as fair or poor, as compared with 13% of higher-income residents. (Chart 24)
- Thirty-one percent of Latino and 21% of African American residents rate the services they received in the past 12 months as fair or poor, as compared with 13% of white residents. (Chart 24)
- Over a third (40%) of Latino residents report having a problem communicating with health care providers because of language barriers, as compared to only 9% of African American residents and 7% of white residents. (Chart 26)
- A quarter (25%) of Latino residents report having a problem getting care because of their racial/ethnic background, compared with 5% of African American residents and none of white residents. (Chart 27)

Some residents report that they experienced, at some time in their past, problems finding a physician who would accept their coverage.

- About a third (35%) of Medicaid beneficiaries 18–64, and 12% of Medicare beneficiaries 65+ report that they have been told that a doctor's office was not accepting patients with their insurance coverage. (Chart 28)
- A quarter (24%) of privately insured residents 18–64 report that they have been told that a doctor's office was not accepting patients with their insurance coverage. (Chart 28)

VI. Views on D.C. Health Problems and Health Institutions

When given a list of five issues and asked which is the most urgent problem facing the District of Columbia, health issues rank behind crime, affordable housing, and education. Only the threat of bioterrorism ranks behind health. When asked in open-ended questions to name the most urgent health problem facing D.C. and the nation, HIV/AIDS and other STDs are named as the top issue. Residents have mixed views about the District's role in addressing health problems. (Charts 29–37)

Residents identify health issues as the fourth most urgent concern in a list of five issues.

- About 14% of residents identify health as the most urgent problem facing D.C., compared to 25% of residents who say crime is the top issue. This finding varies by race/ethnicity, with education being the top issue among whites (34%) and the threat of bioterrorism being the top issue among Latinos (36%). (Charts 29, 30)
- When asked to rate the chance that a major bioterrorism event (like anthrax) is very or somewhat likely to occur in D.C. in the next two years, the vast majority of residents (75%) think it is likely. (Chart 31)

HIV/AIDS and other STDs are viewed as the most urgent health problem facing D.C. and the nation.

- One-quarter of residents say HIV/AIDS and other STDs are the most urgent health problem facing D.C. However, a larger percent of African Americans (30%) than whites (16%), and nonelderly adults (26%) than older adults (12%) identify HIV/AIDS as the most urgent problem. (Chart 32, 33)

- The uninsured is considered the next most urgent health issue facing the District, identified by 10% of residents. (Chart 32)

Residents give the District government average ratings on how well it has addressed health problems, but views vary by race/ethnicity and income.

- About 2 in 5 residents (41%) say the D.C. government is doing an average job in addressing health care problems of the District. Residents view the health department less favorably than the police or fire departments. Low-income and Latino residents give the health department better ratings than their counterparts. (Charts 34, 35, 37)

- Whites and higher-income residents either have less confidence or less knowledge about the performance of the D.C. Health Department than other racial/ethnic groups. In contrast, views about the performance of D.C. hospitals are more consistent by race/ethnicity and income. (Charts 36, 37)

- Latinos in general report more satisfaction with government's response to health issues than African Americans or whites. (Charts 34, 37)

VII. Views on the D.C. HealthCare Alliance

About one-third (n=578) of survey respondents were familiar with the D.C. HealthCare Alliance. Residents familiar with the Alliance have generally favorable views of the program, but they have mixed views about whether it is improving access. (Charts 38–40)

Overall response to the D.C. HealthCare Alliance, the public/private partnership established to improve access for the uninsured, is more favorable than unfavorable, with low-income residents having the most favorable views.

- Of residents familiar with the Alliance, the majority (56%) have favorable views of the Alliance and 28% have no view at all. Only 15% have unfavorable views of the Alliance.[5] (Chart 38)

- A larger percent of poor (31%) and near poor (31%) residents have very favorable views of the Alliance than higher-income (12%) residents. (Chart 38)

Despite generally favorable impressions of the D.C. HealthCare Alliance, residents have mixed views about whether it has improved access to care for low-income residents.

- Of residents familiar with the Alliance, roughly 1 in 5 says access is better for general health care (23%), specialty care (19%), or hospital care (20%). Most residents report that there is no difference in access or they don't know if there is a difference. (Chart 39)

- However, a larger share of residents who are poor (36%) or near poor (30%) than higher-income residents (17%) say the Alliance has made access to general health care better. (Chart 40)

- Perceptions of hospital and specialty care also differ by income groups. (Chart 40)

ENDNOTES

[1] The federal poverty threshold for a family of three was $15,260 in 2003. The year 2000 Census data recorded income for 1999. In 1999, the poverty threshold was $13,290. For further information see Data Notes.

[2] Kaiser Family Foundation. *Key Facts: Race/Ethnicity and Medical Care.* June 2003. Figure 5a.

[3] These data are drawn from different information sources. U.S. estimates of fair or poor health (see *Health, United States,* 2002, Table 59) are for the total U.S. population age-adjusted to the year 2000 standard population. D.C. survey estimates of fair or poor health are for residents ages 18–64.

[4] The 6%–9% estimate of D.C. households with an uninsured child is based on a question asked of respondents with children under age 18 living in their household. If more than one child lived in the household, the question was asked about the child with the last birthday. About one-third (31%; n=388) of respondents had at least one child under the age of 18 living in their household. Of the 388 respondents, 6% said the child did not have coverage and 3% did not respond or did not know whether the child had coverage. (See Survey Toplines Q.20)

[5] The remaining 1% declined to comment.

DATA NOTES

Federal Poverty Threshold. The federal poverty threshold is calculated using the amount of income required to support families of various sizes. For a family of three, for example, the federal poverty threshold is $15,260 in 2003. Persons in poverty are defined as those with incomes less than 100% of the poverty threshold. Near poor persons are defined as those with incomes of 100% to less than 200% of the poverty threshold. Low-income persons are defined as those with incomes less than 200% of the poverty threshold. Non-poor persons are defined as those with incomes of 200% or greater than the poverty threshold.

In this analysis, poverty status was defined using the poverty thresholds for 1999, which were used to determine poverty status in the 2000 Census. (The 2000 U.S. Census data also were used to weight the survey responses to represent the known demographic characteristics of the District.) Since respondents were asked to give their household income range (i.e., $20.000–$25,000) rather than specific income, the midpoint of that income range was used to classify respondents as poor, near poor or non-poor according to the above definitions.

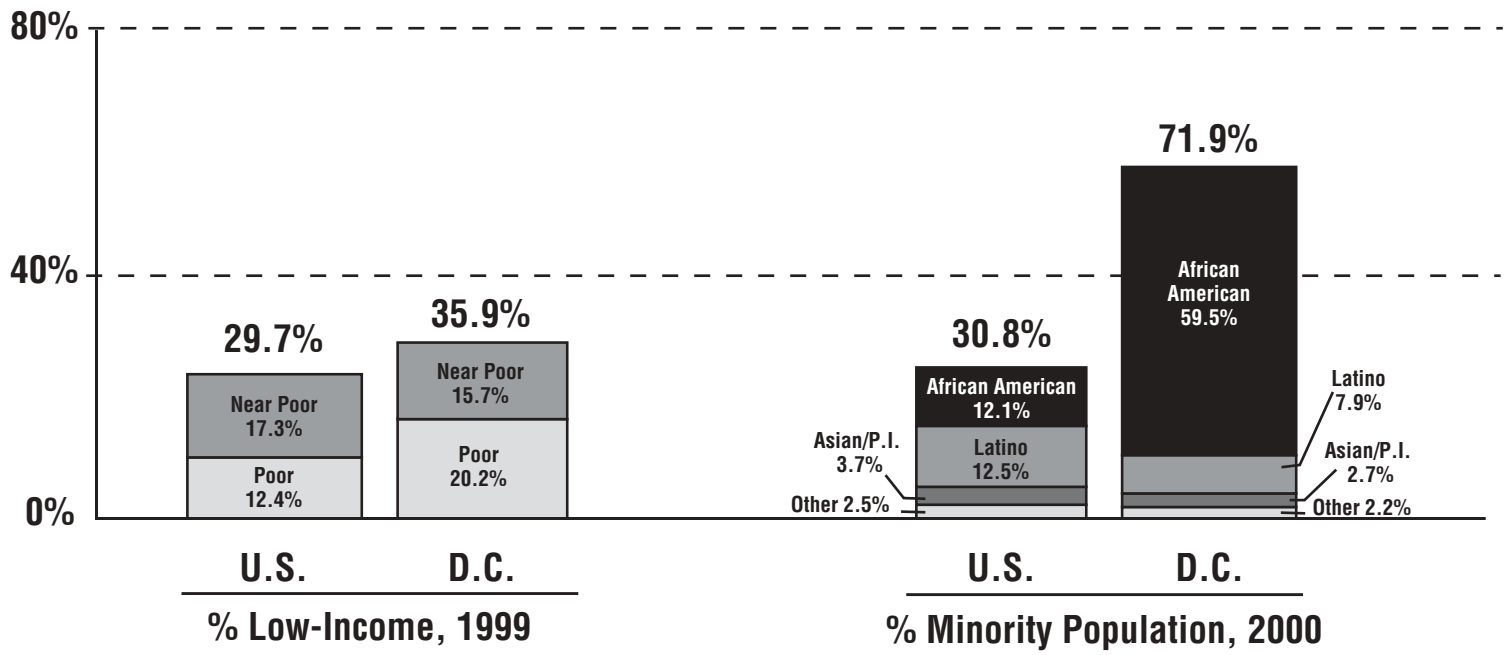
Race/Ethnicity Data. In the Federal Register Notice of October 30, 1997, the Office of Management and Budget (OMB) announced revisions to the standards for classification of Federal data on race and ethnicity. The OMB specified two categories for data on ethnicity ("Hispanic or Latino" and "Not Hispanic or Latino") and five minimum categories for data on race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White).

In this analysis, survey respondents were assigned to four mutually exclusive racial/ethnic categories: African American, Latino, White and Other. All individuals who reported Hispanic/Latino ethnic background were classified as Latino, regardless of their reported race. The category labeled "other" (n=92) includes individuals who identified themselves as American Indian or Alaska Native, Asian, some other race, or mixed race. The "other" category is not displayed in the charts in large part because the findings are difficult to interpret given that the category reflects such a heterogeneous group.

Background:
The Nation and the District of Columbia

Chart 1

U.S. and D.C.: Distribution of Low-Income and Minority Groups in the Total Population

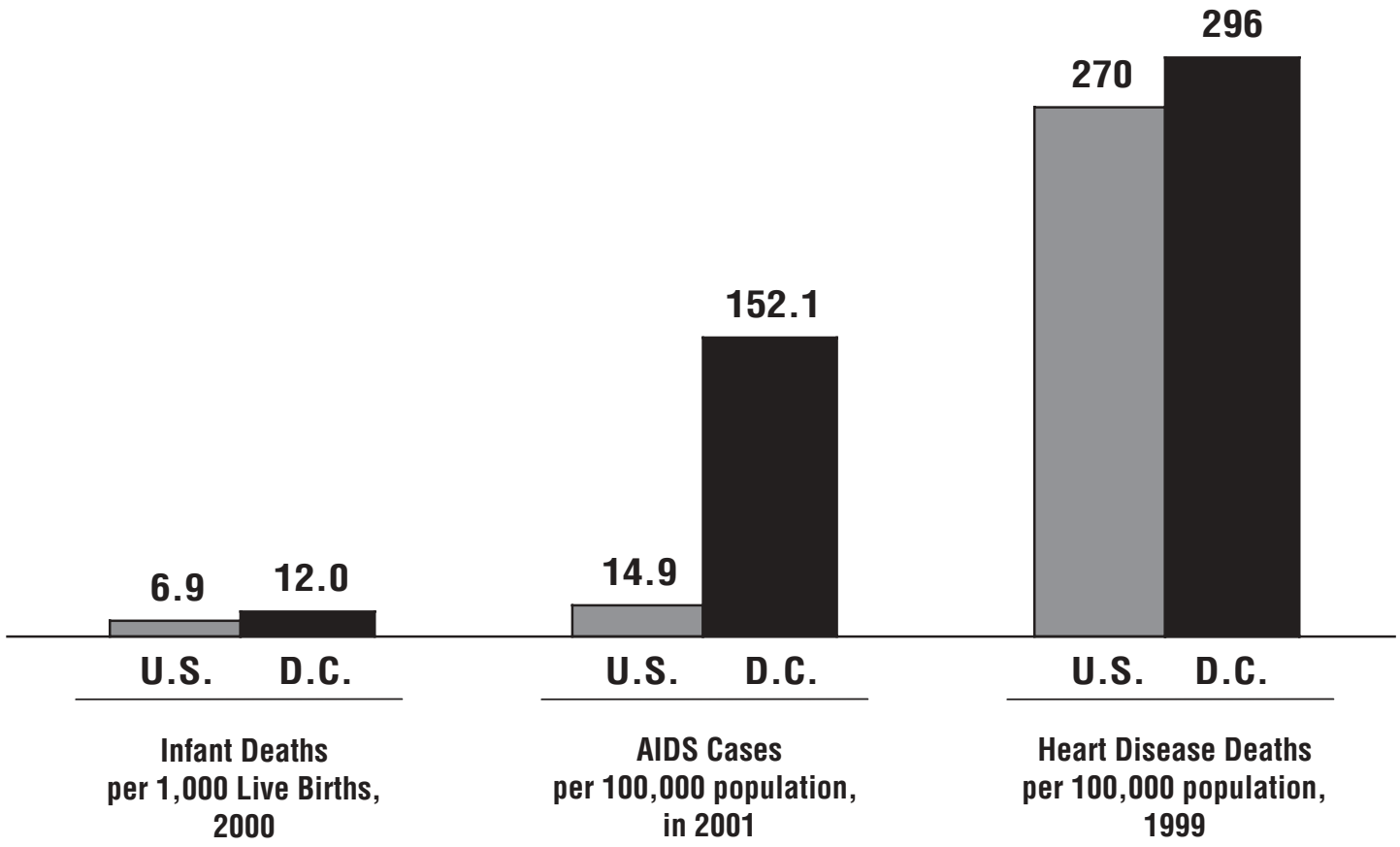


Note: In 2000, the total U.S. population was 281 million and the total D.C. population was 572 thousand. "Other" includes American Indian/Alaska Natives, some other race and two or more races.

Source: Poverty status data are from Census 2000 Summary File 4–Sample Data. Race/Ethnicity data are from Census 2000 Summary File 1–100 Percent Data.

Chart 2

U.S. and D.C.: Infant Mortality, AIDS and Heart Disease

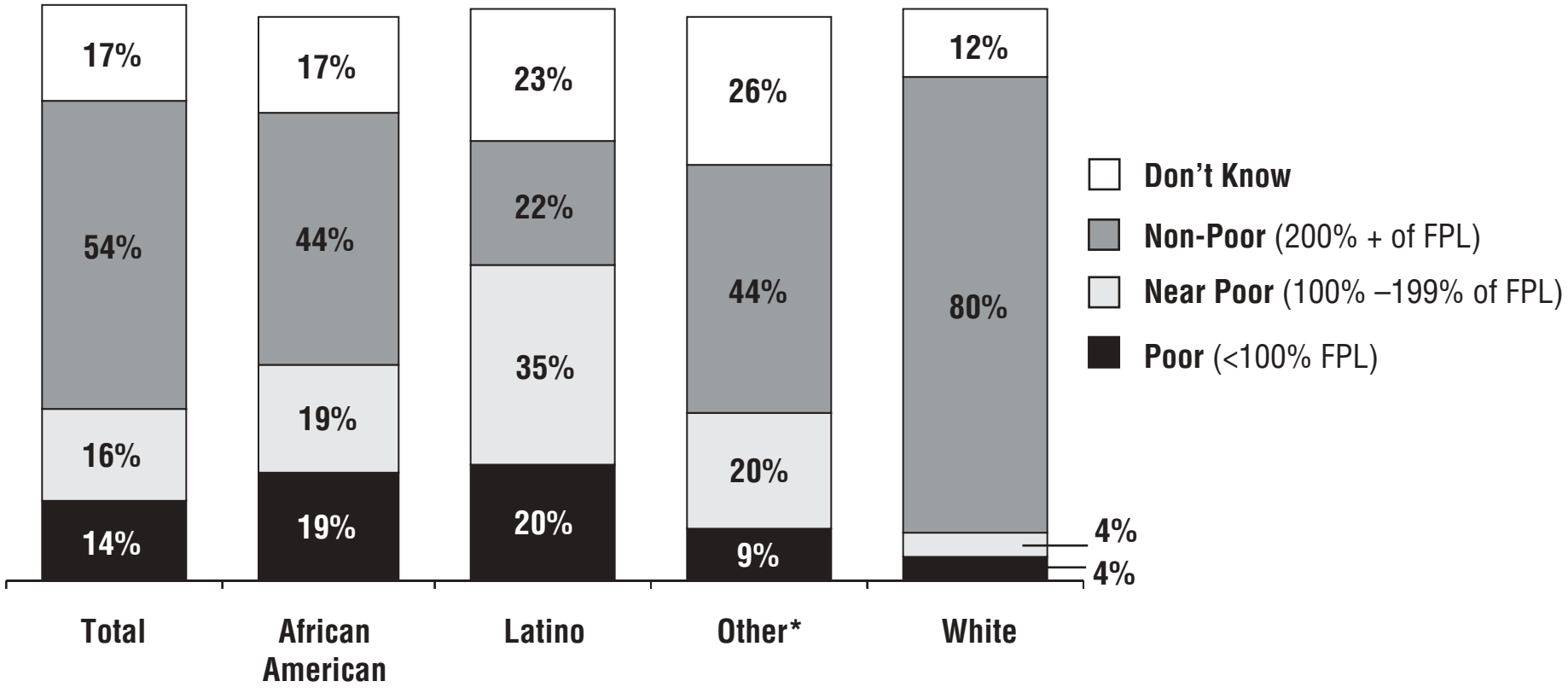


Source: Infant mortality rate data are from Deaths: Final Data for 2000. Division of Vital Statistics. National Vital Statistics Report, Vol. 50, No. 15, 2002. National Center for Health Statistics. AIDS case rate data are from HIV/AIDS Surveillance Report: U.S. HIV and AIDS cases reported through December 2001, Vol. 13, No. 2, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention. Heart disease death data are from Office of Analysis and Epidemiology, National Center for Health Statistics, Centers for Disease and Prevention. CDC WONDER Compressed Mortality File, 1999.

I. Survey Population Characteristics

Chart 3

D.C. Survey Population, by Race/Ethnicity and Poverty Status

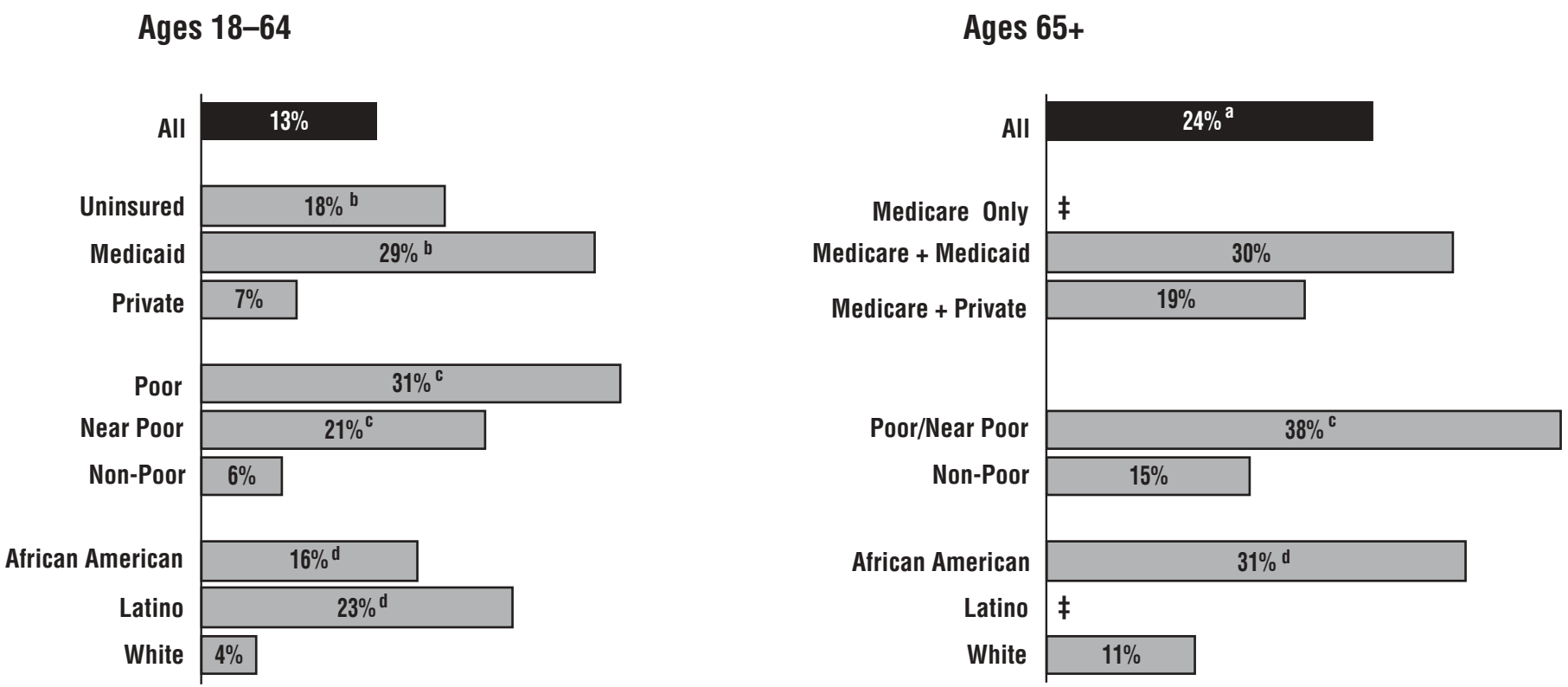


*Other includes Asians and American Indians/Alaska Natives.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 4

Percent of D.C. Residents Reporting Fair or Poor Health



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

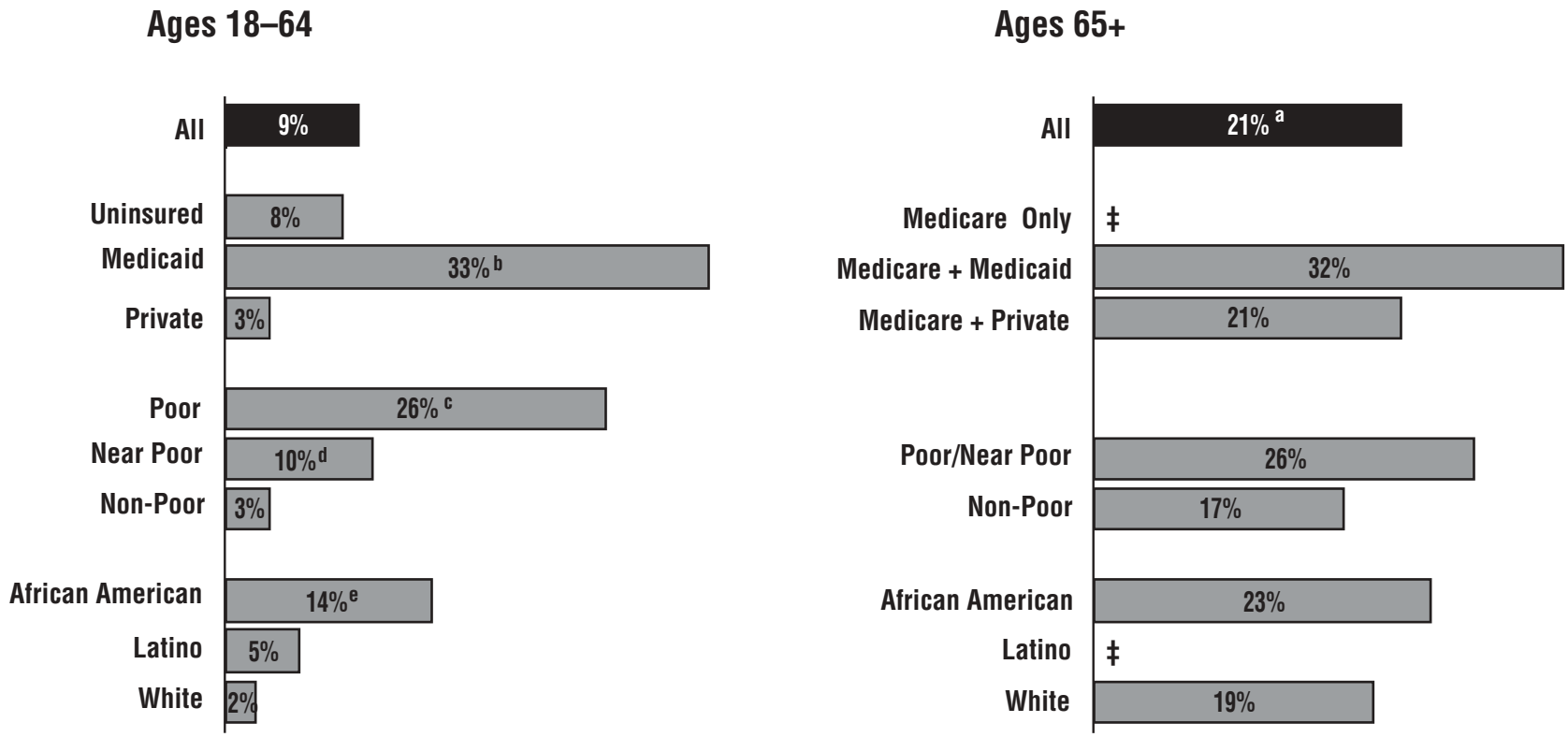
Note: Statistically different from: (a) 18–64; (b) private; (c) non-poor; (d) white.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 5

Percent of D.C. Residents Reporting a Disabling Condition



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

Note: Statistically different from: (a) 65+; (b) uninsured and private; (c) near poor and non-poor; (d) non-poor; (e) Latino and white.

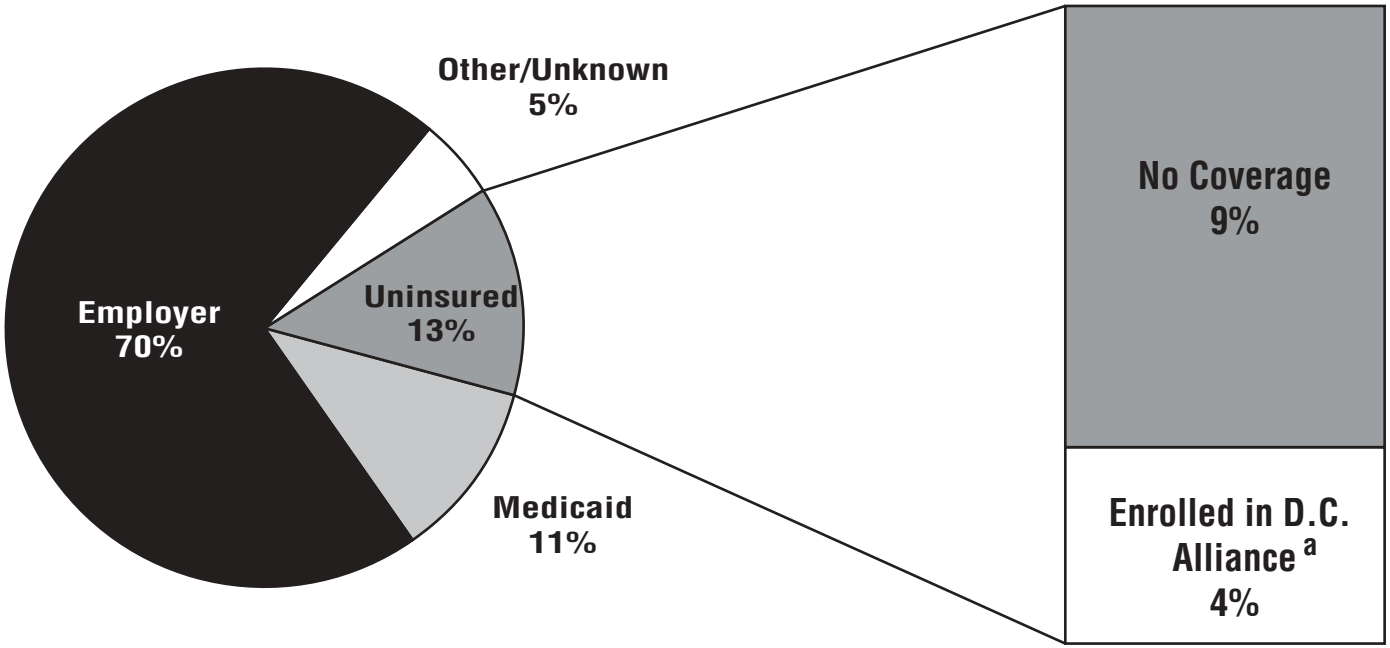
‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

II. Health Insurance Coverage

Chart 6

Health Insurance Coverage of Nonelderly Adults in D.C., 2003



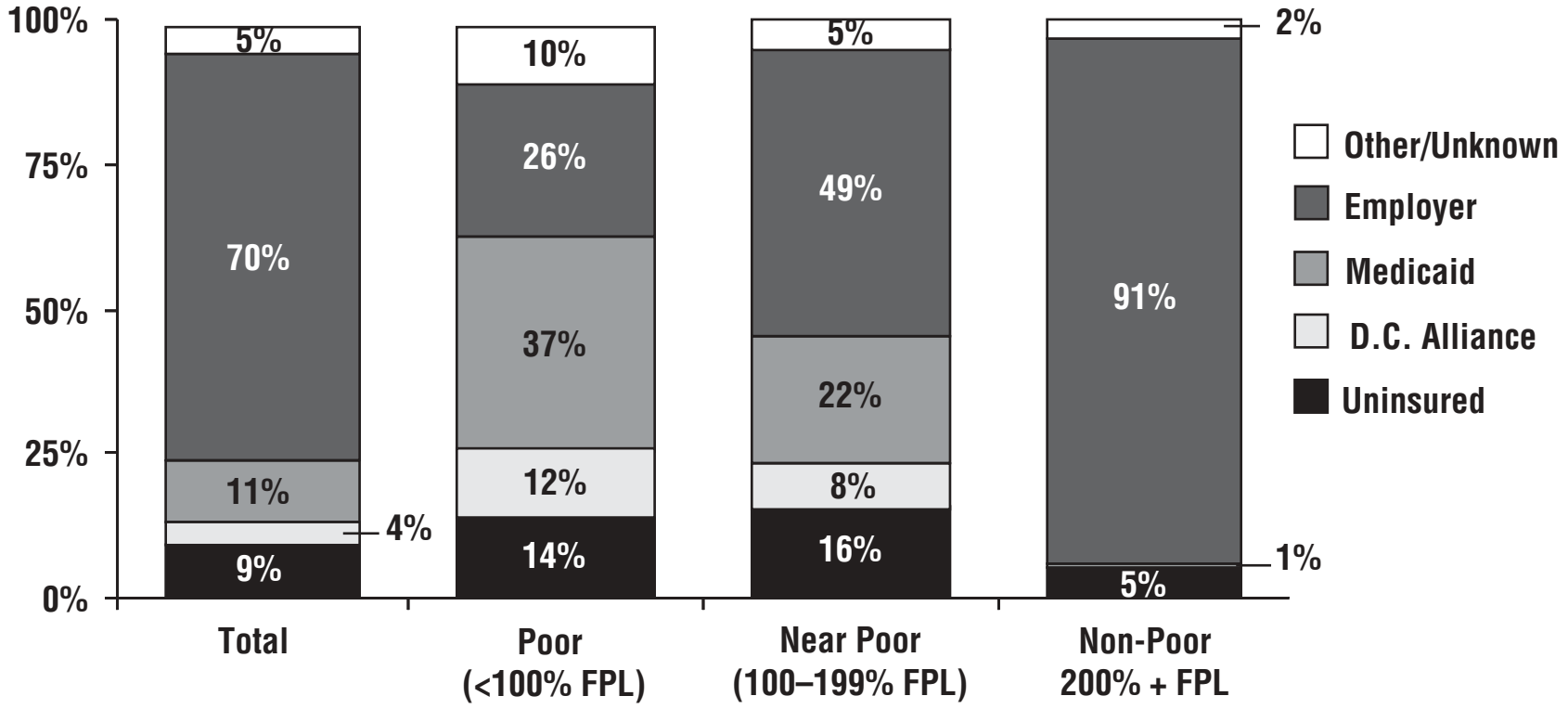
[a]Enrollees nationally would be considered uninsured since the Alliance provides a source of care rather than a defined set of benefits.

Note: Data may not total 100% due to rounding. "Other/Unknown" category includes other, unknown and Medicare.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 7

Health Insurance Coverage of Nonelderly Adults in D.C., by Poverty Status

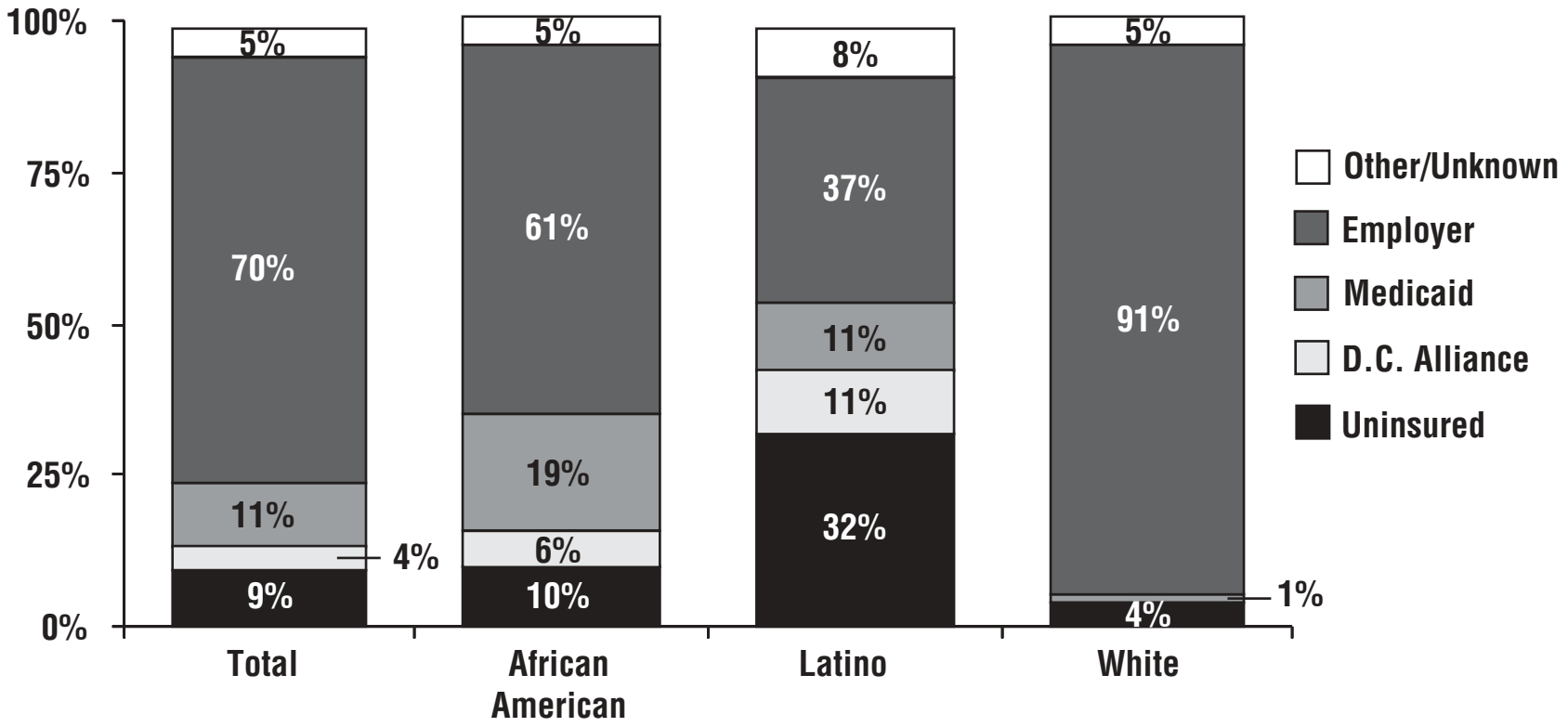


Note: The federal poverty level (FPL) was $15,260 for a family of three in 2003. Totals may not add to 100% due to rounding. Findings are for the 80% of residents reporting household income. "Other/Unknown" category includes other, unknown and Medicare.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 8

Health Insurance Coverage of Nonelderly Adults in D.C., by Race/Ethnicity

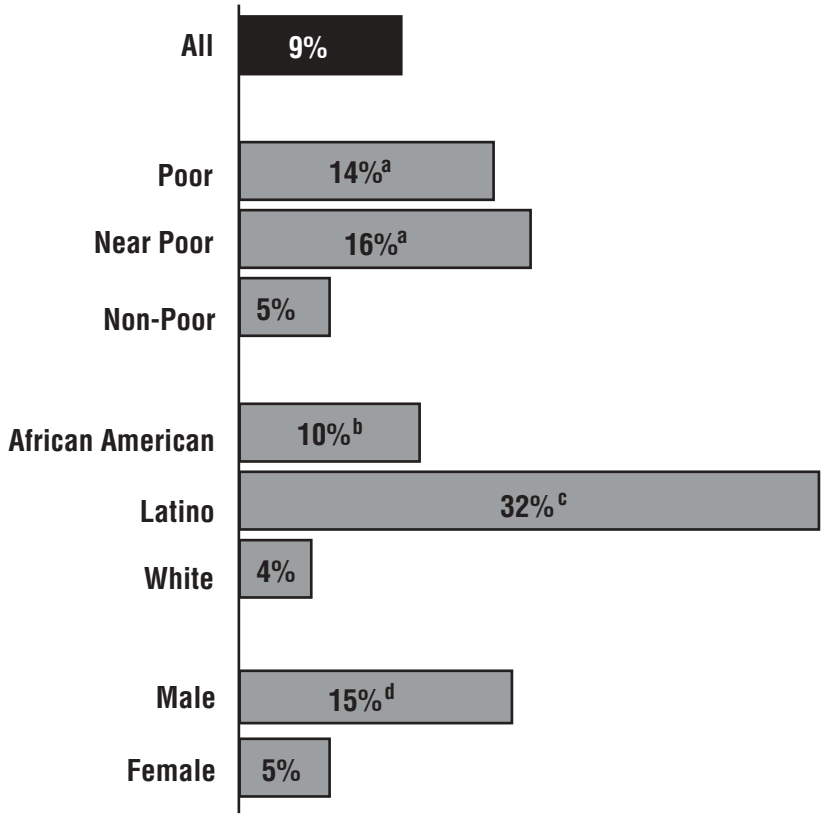


Note: Data may not total 100% due to rounding. "Other/Unknown" category includes other, unknown and Medicare.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 9

Percent of Nonelderly Adult Uninsured D.C. Residents, by Income, Race and Gender

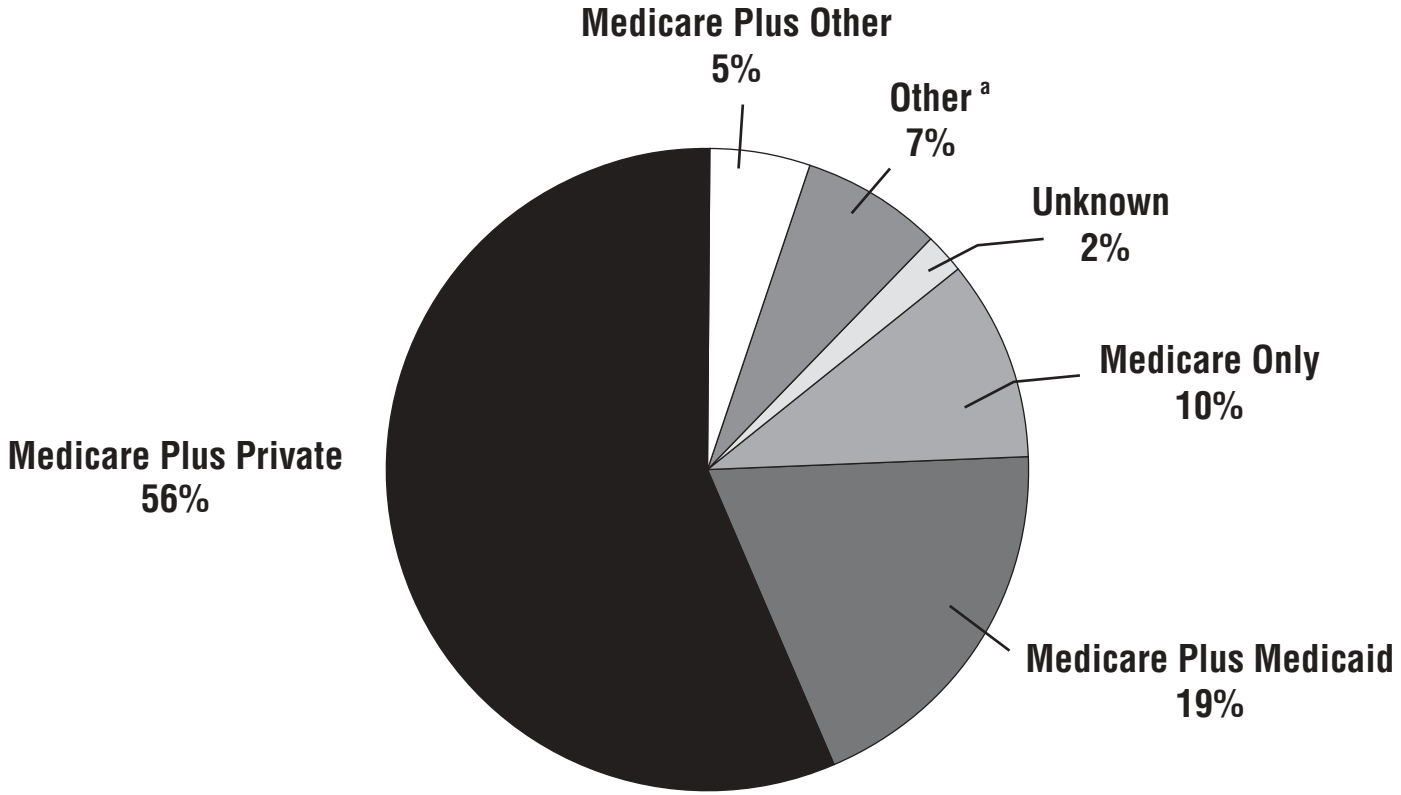


Note: Statistically different from: (a) non-poor; (b) white; (c) African American and white; (d) female.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 10

Health Insurance Coverage of the Elderly in D.C., 2003



Note: Data may not total 100% due to rounding.

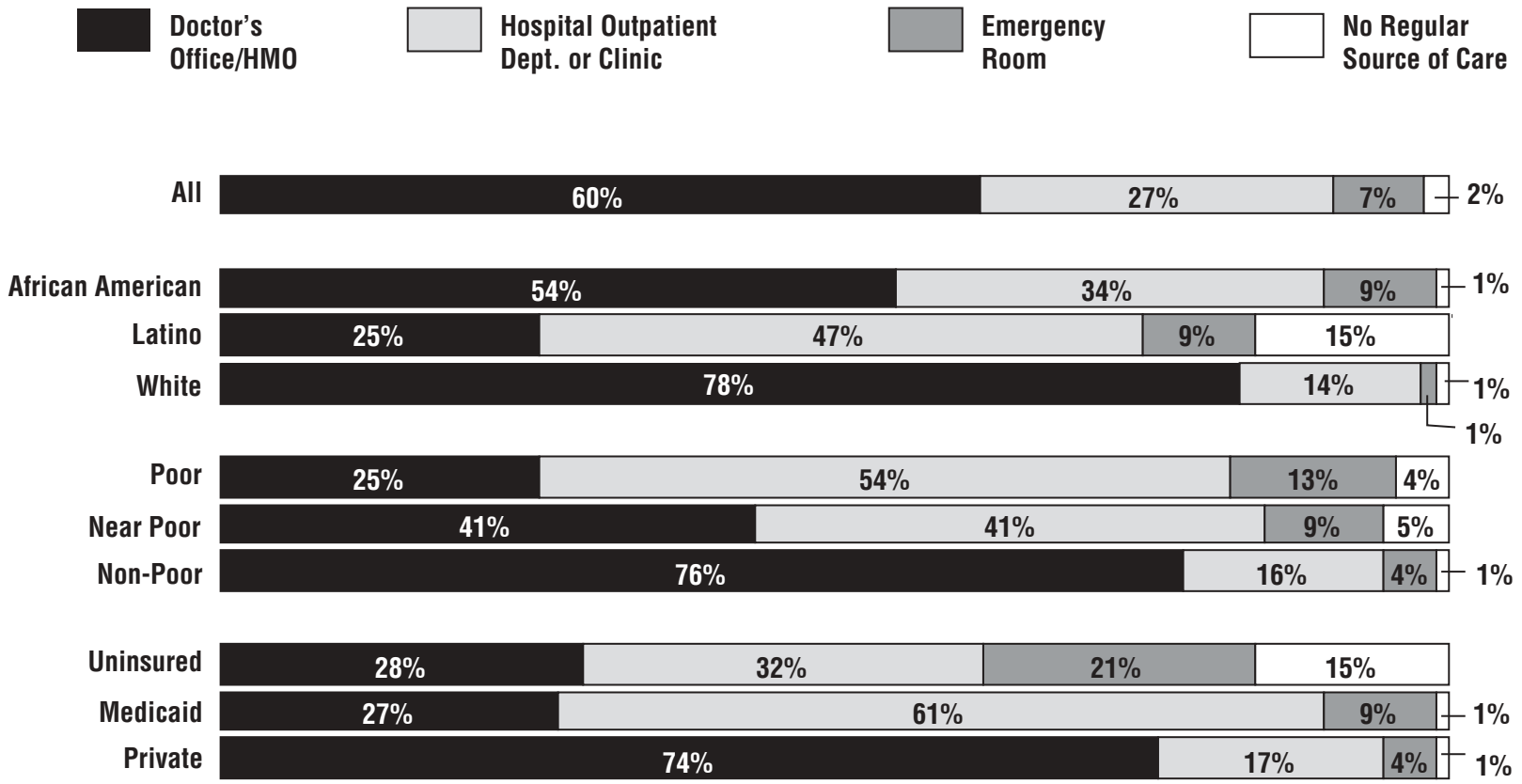
[a] Most reported private coverage.

Source: Kaiser Family Foundation, D.C. *Health Care Access Survey,* October 2003 (conducted January–April 2003).

III. Access to Care and Use of Health Services

Chart 11

Regular Source of Medical Care: D.C. Nonelderly

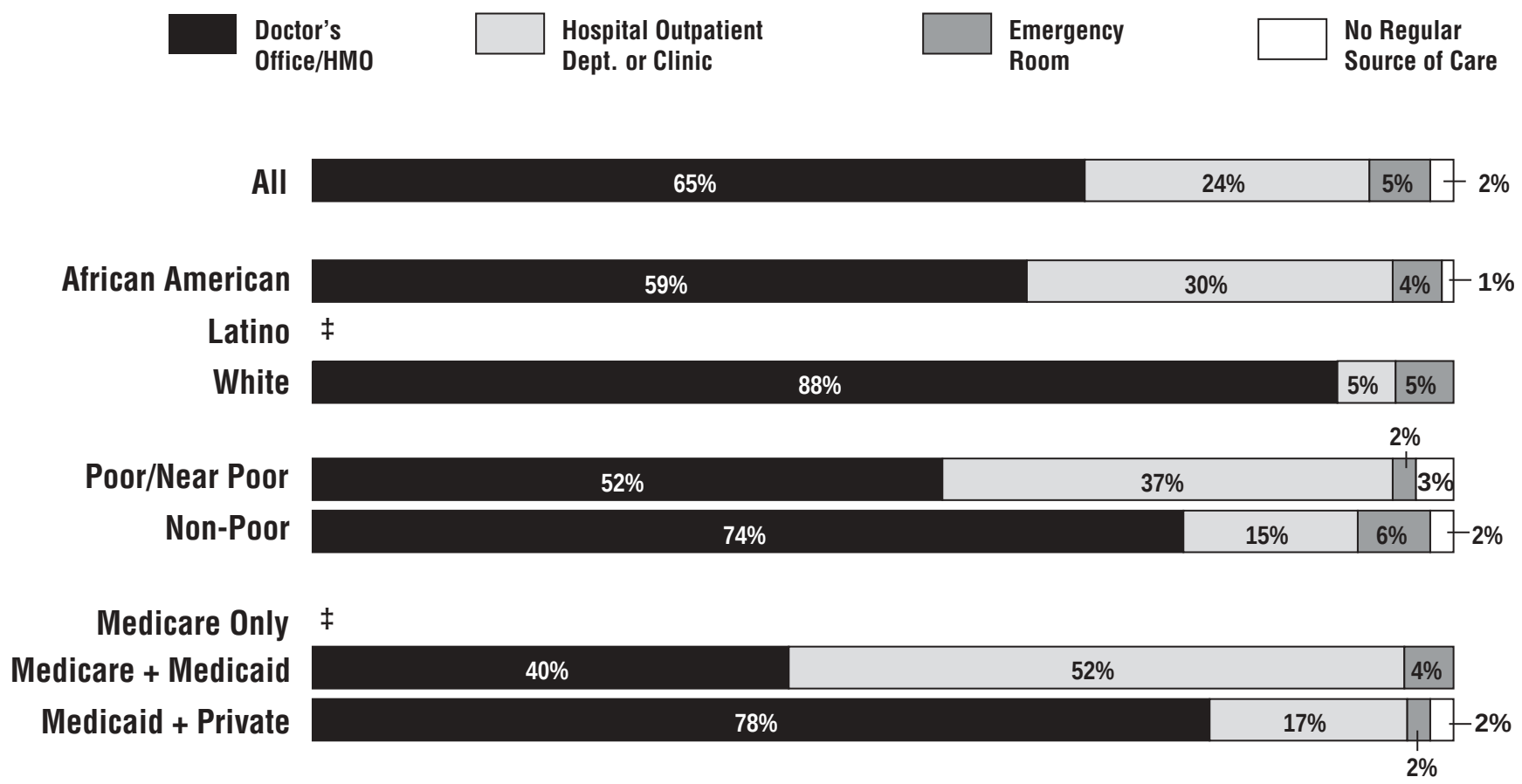


Individuals responding "other" or "don't know" are not included. Also, individuals who did not report income are not included in poverty categories.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 12

Regular Source of Medical Care: D.C. Elderly



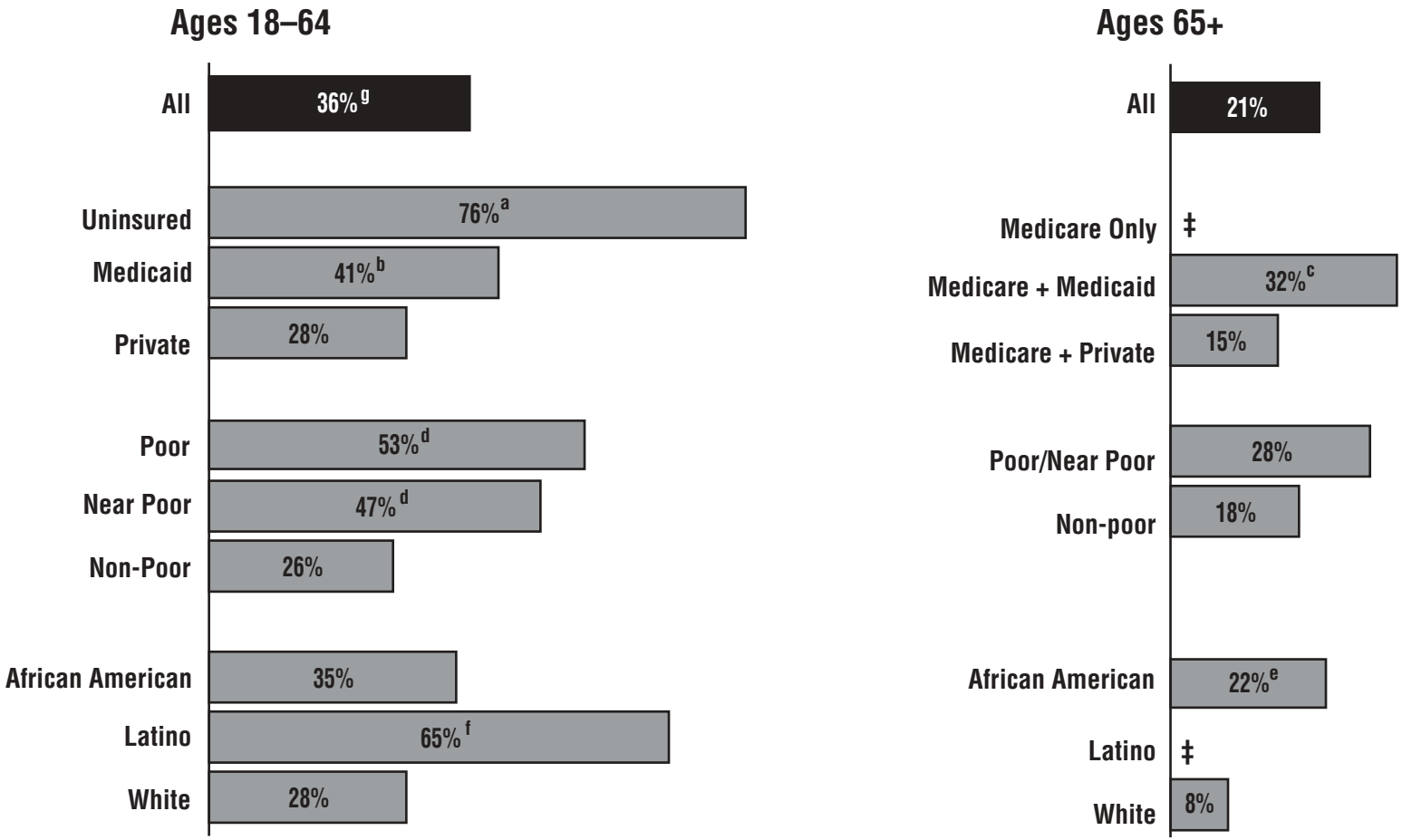
Individuals responding "other" or "don't know" are not included. Also, individuals who did not report income are not included in poverty categories.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 13

Percent of D.C. Residents with No Particular Doctor



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

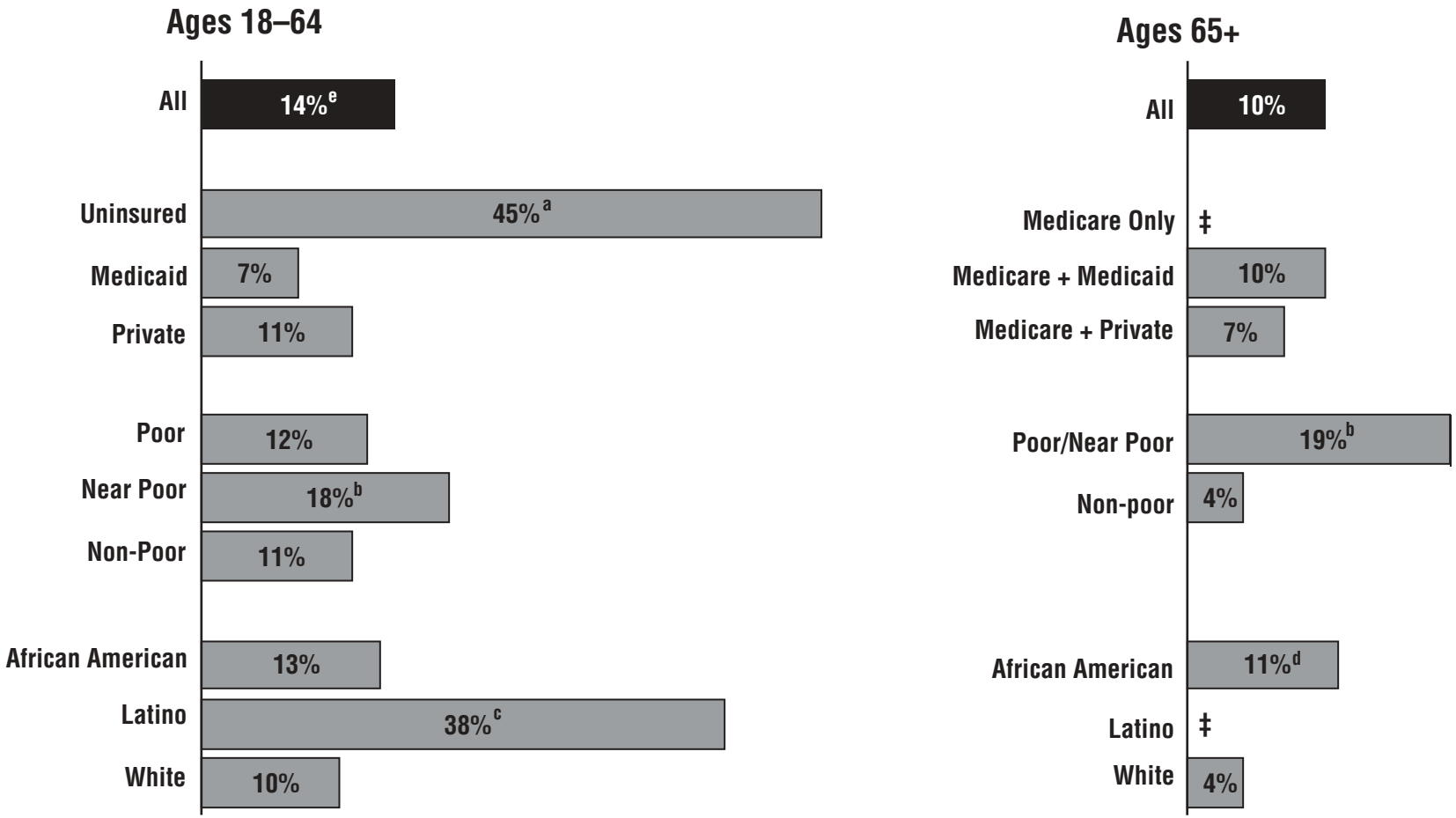
Note: Statistically different from: (a) Medicaid and private; (b) private; (c) Medicare + private; (d) non-poor; (e) white; (f) African American and white; (g) 18–65.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey, October 2003* (conducted January–April 2003).

Chart 14

Percent of D.C. Residents with No Medical Visits in the Last 12 Months



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

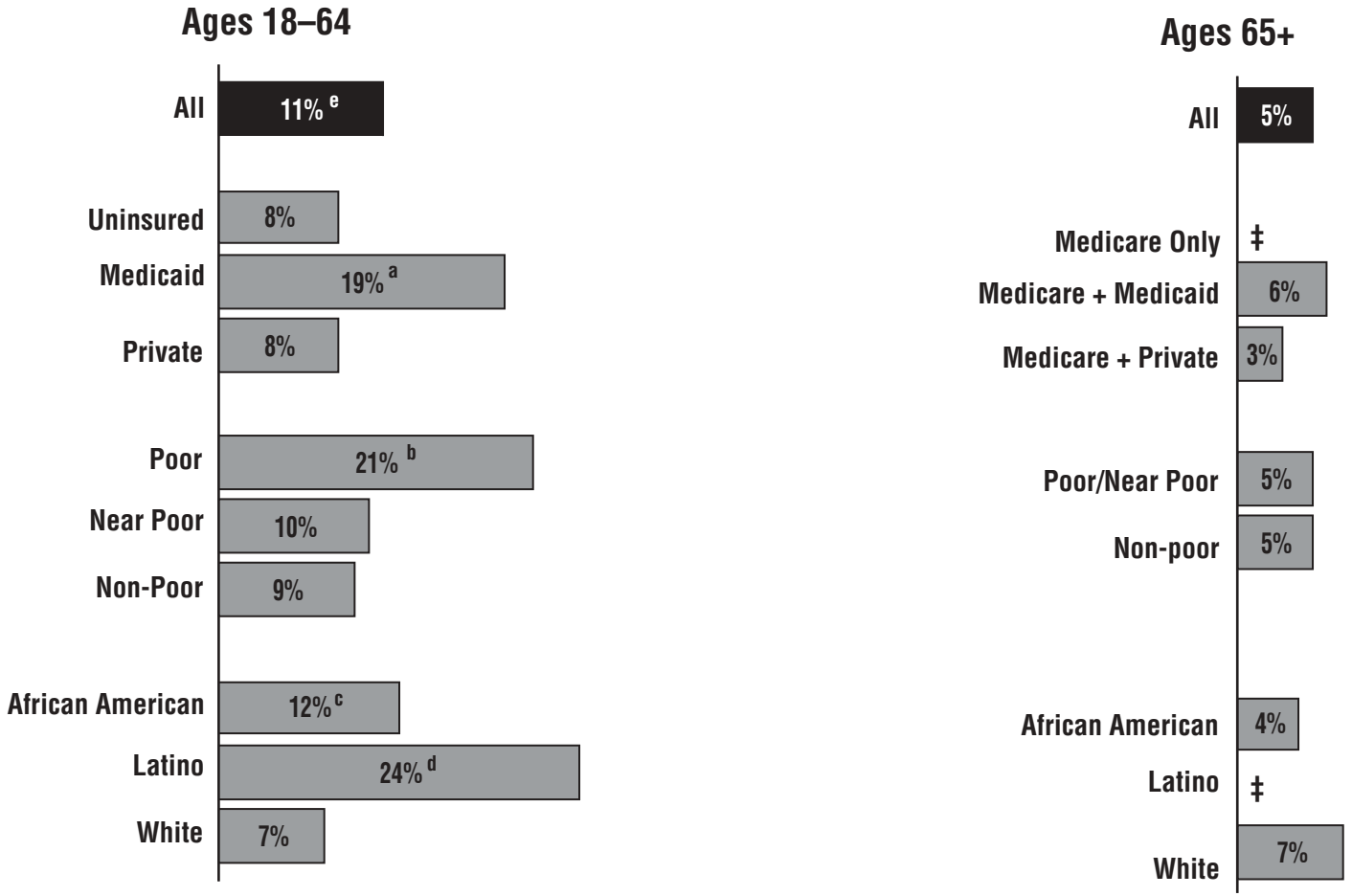
Note: Statistically different from: (a) Medicaid and private; (b) non-poor; (c) African American and white; (d) white; (e) 65+.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, D.C. *Health Care Access Survey,* October 2003 (conducted January–April 2003)

Chart 15

Percent of D.C. Residents Who Wait Two Weeks or More to Get a Medical Appointment When Sick



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

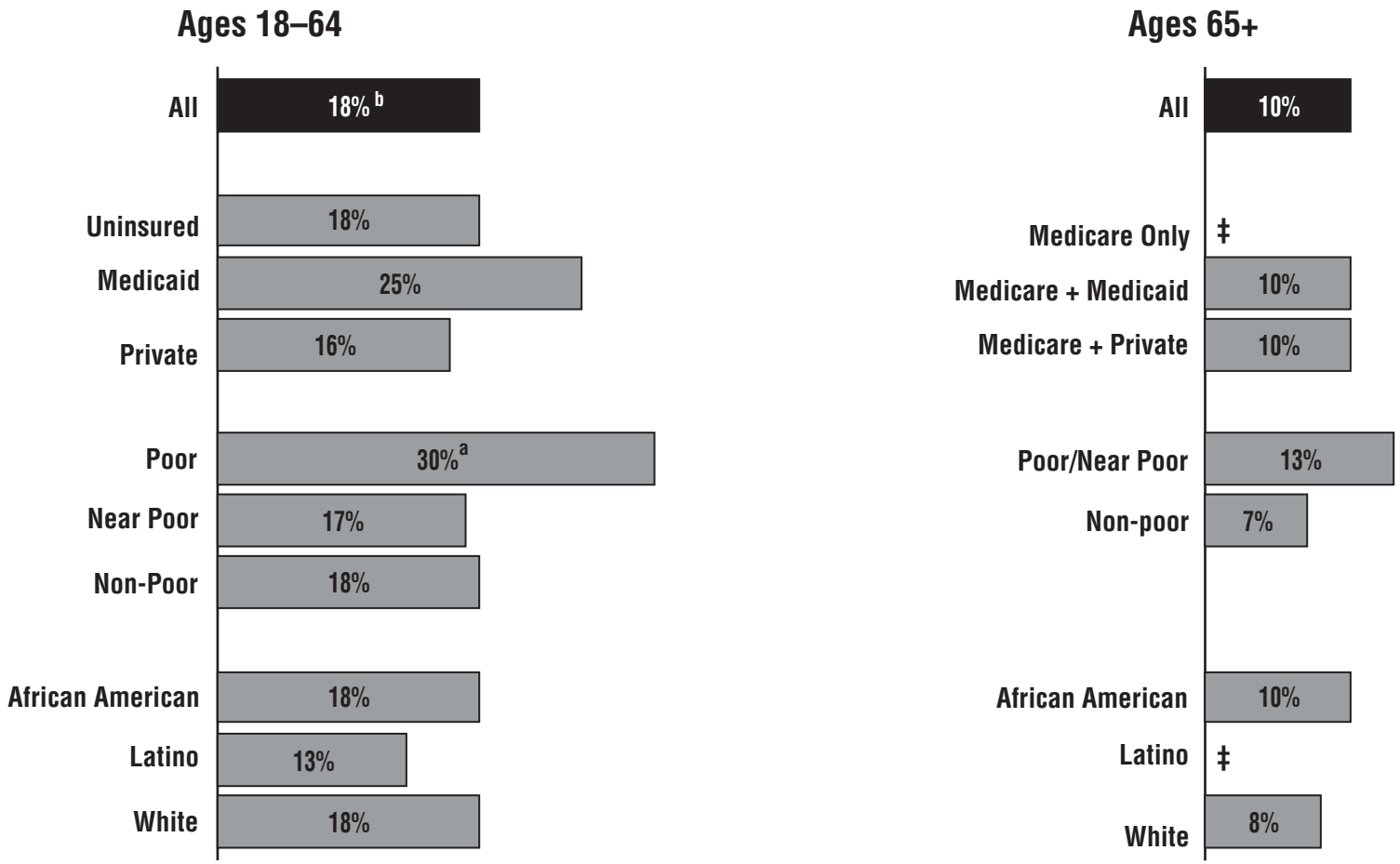
Note: Statistically different from: (a) uninsured and private; (b) near poor and non-poor; (c) white; (d) African American and white; (e) 65+.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, D.C. *Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 16

Percent of D.C. Residents Who Missed or Postponed Getting Needed Medical Care (For Any Reason)



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

Note: Statistically different from: (a) near poor and non-poor; (b) 65+.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, D.C. *Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 17

Key Access Indicators D.C. Residents, Age 18–64

	Regular Source of Care:		No particular doctor when sick or need advice	No medical visits in last 12 months	Wait two weeks or more for medical appointment when sick
	None	Emergency Room			
ALL PERSONS	**2%**	**7%**	**36%**	**14%**	**11%**
INCOME					
Poor	4%	13%[a]	53%[a]	12%	21%[b]
Near Poor	5%[a]	9%	47%[a]	18%[a]	10%
Non-Poor	1%	4%	26%	11%	9%
RACE/ETHNICITY					
African American	1%	9%[d]	35%	13%	12%[d]
Latino	15%[c]	9%[d]	65%[c]	38[c]	24%[c]
White	2%	1%	28%	10%	7%
INSURANCE STATUS					
Uninsured	15%[e]	21%[e]	76%[e]	45%[e]	8%
Medicaid	1%	9%	41%[f]	7%	19%[g]
Private	1%	4%	28%	11%	8%

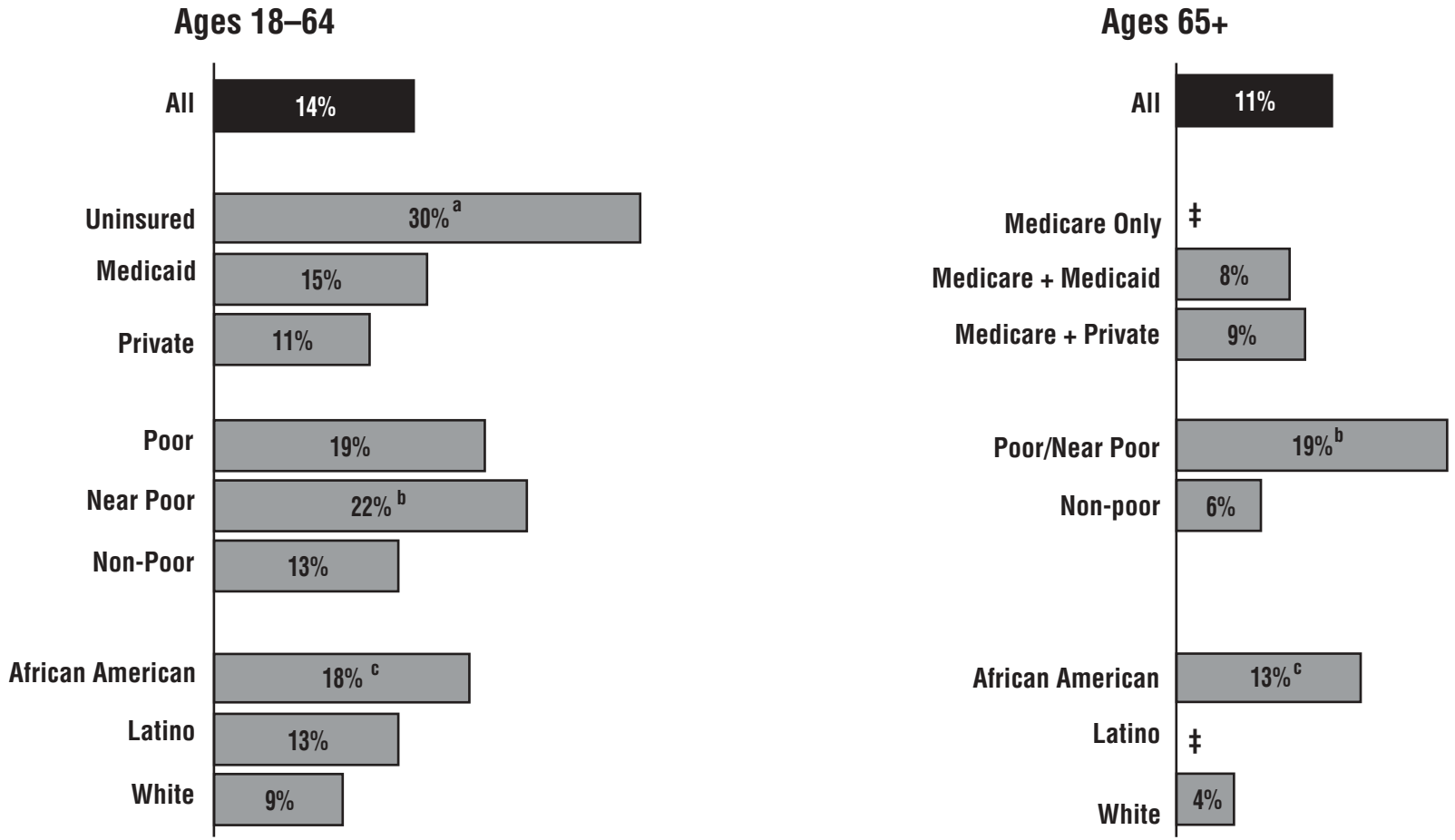
Note: Statistically different from: (a) non-poor; (b) near poor and non-poor; (c) African American and white; (d) white; (e) Medicaid and private; (f) private; (g) private and uninsured.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

IV. Cost and Financial Burden of Care

Chart 18

Percent of D.C. Residents Who Had Problems Paying Medical Bills in the Past Year



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

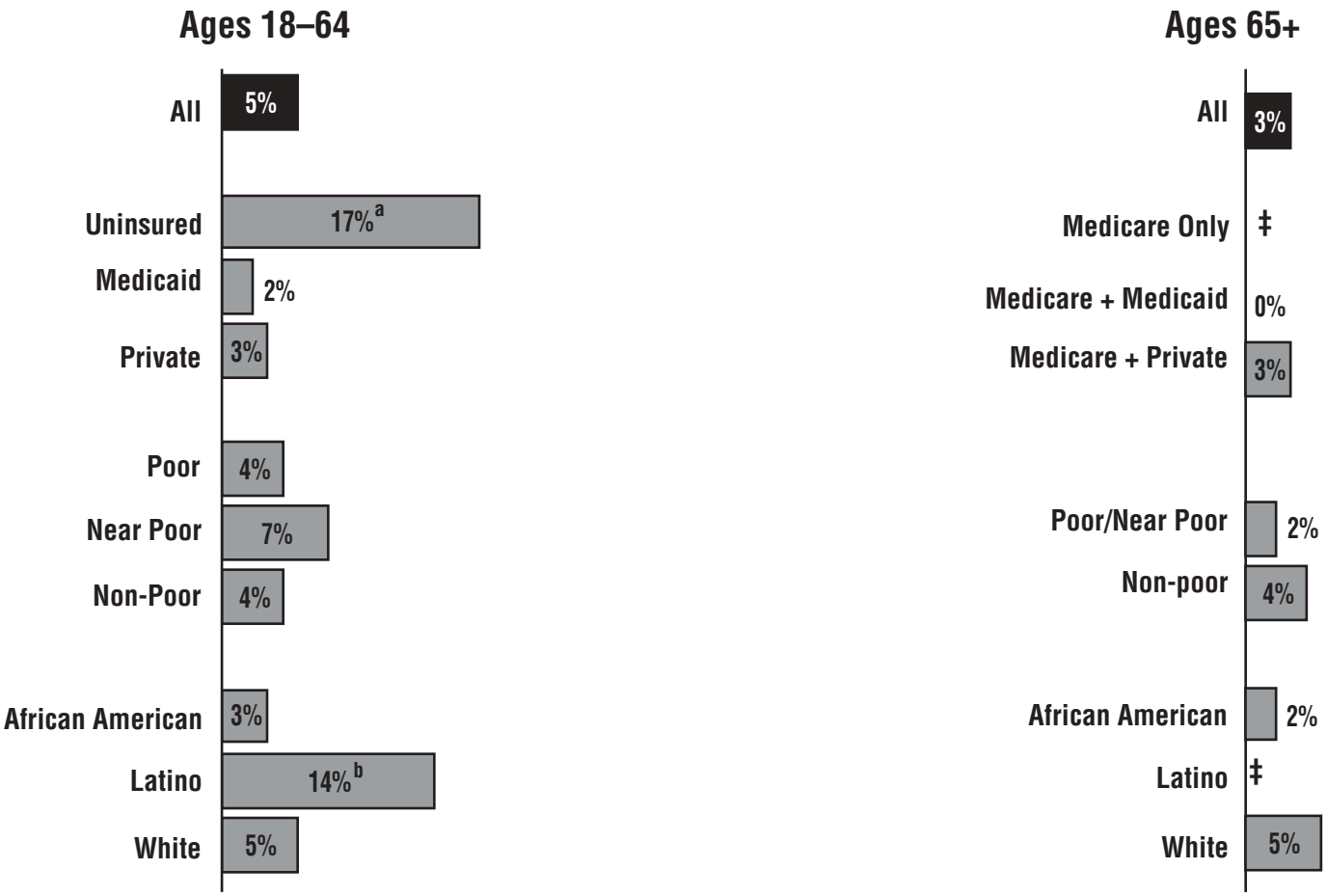
Note: Statistically different from: (a) Medicaid and private; (b) non-poor; (c) white.

‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 19

Percent of D.C. Residents Who Pay $100 or More Out-of-Pocket When They See the Doctor



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

Note: Statistically different from: (a) Medicaid and private; (b) African American and white.

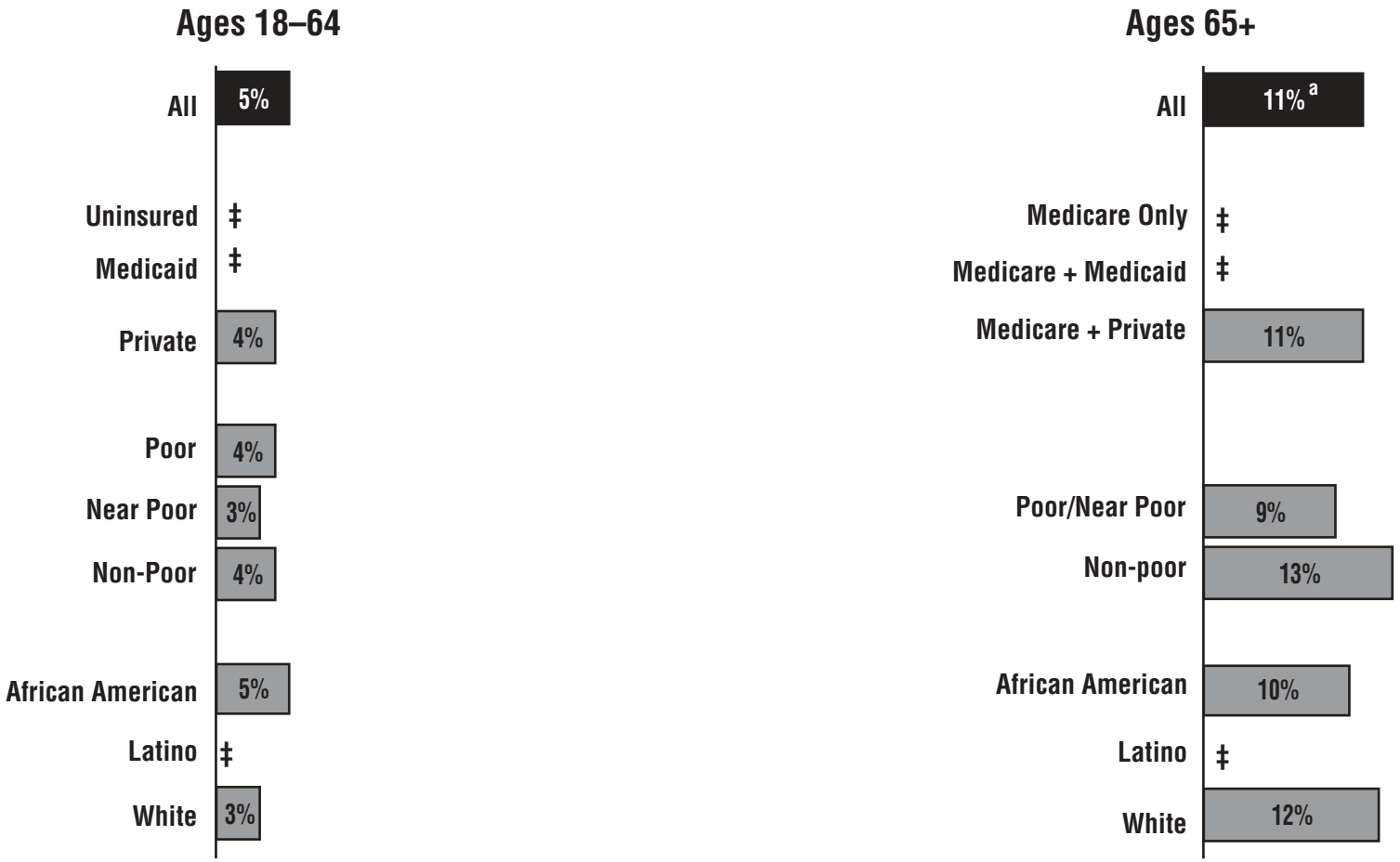
‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 20

Percent of D.C. Residents Who Pay Over $100 Each Month for Prescription Medications

(Among those who have taken prescription medications in the past 12 months: 62%, n=1035)



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

Note: Statistically different from: (a) 18–64.

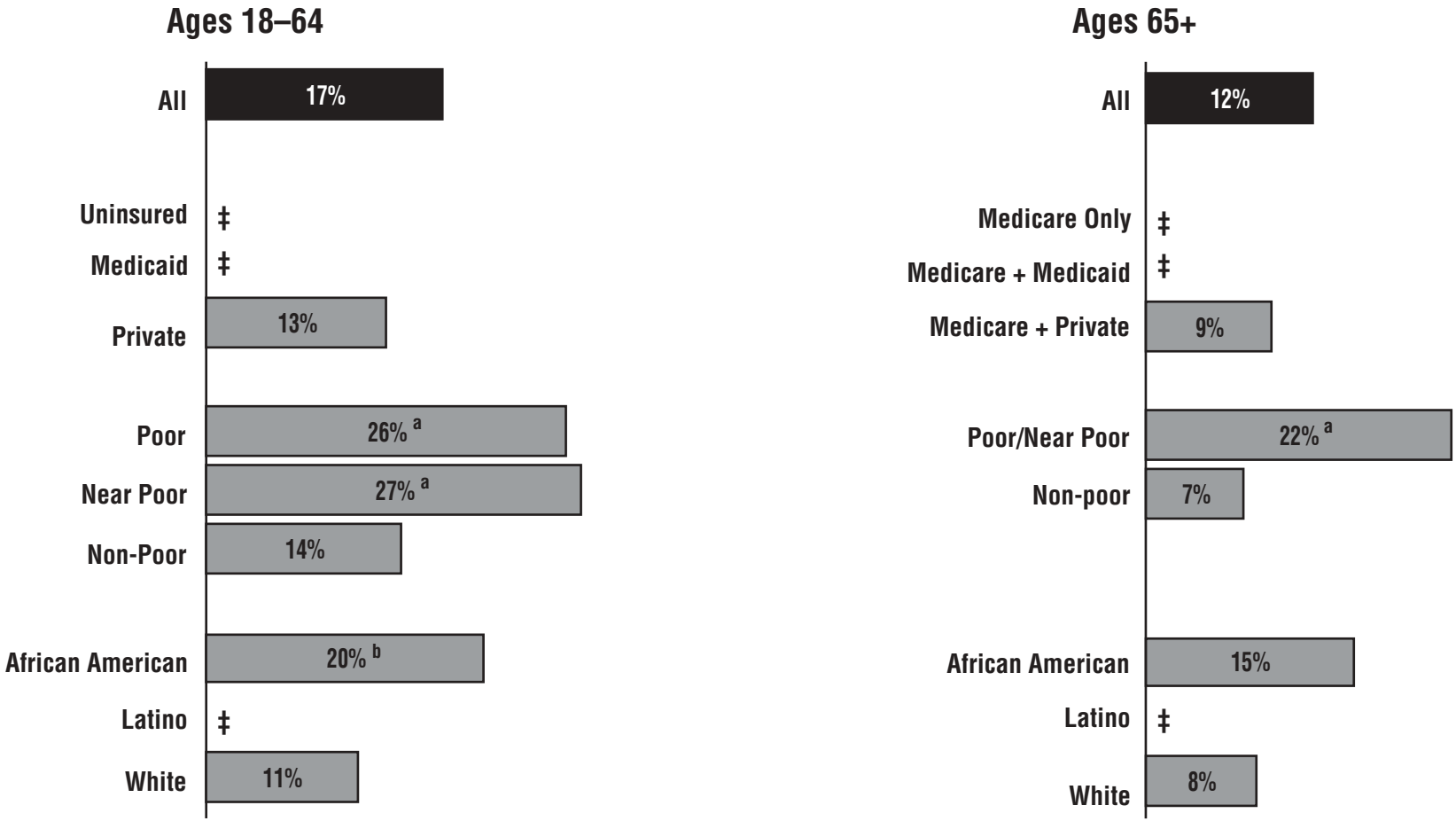
‡ Sample size too small for reliable estimate.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 21

Percent of D.C. Residents Reporting Skipping of Medication Due to Cost*

(Among those who have taken prescription medications in the past 12 months: 62%, n=1035)



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

*Often or sometimes did not fill a prescription, skipped doses, split pills in half or did not take medication as directed due to cost.

‡ Sample size too small for reliable estimate.

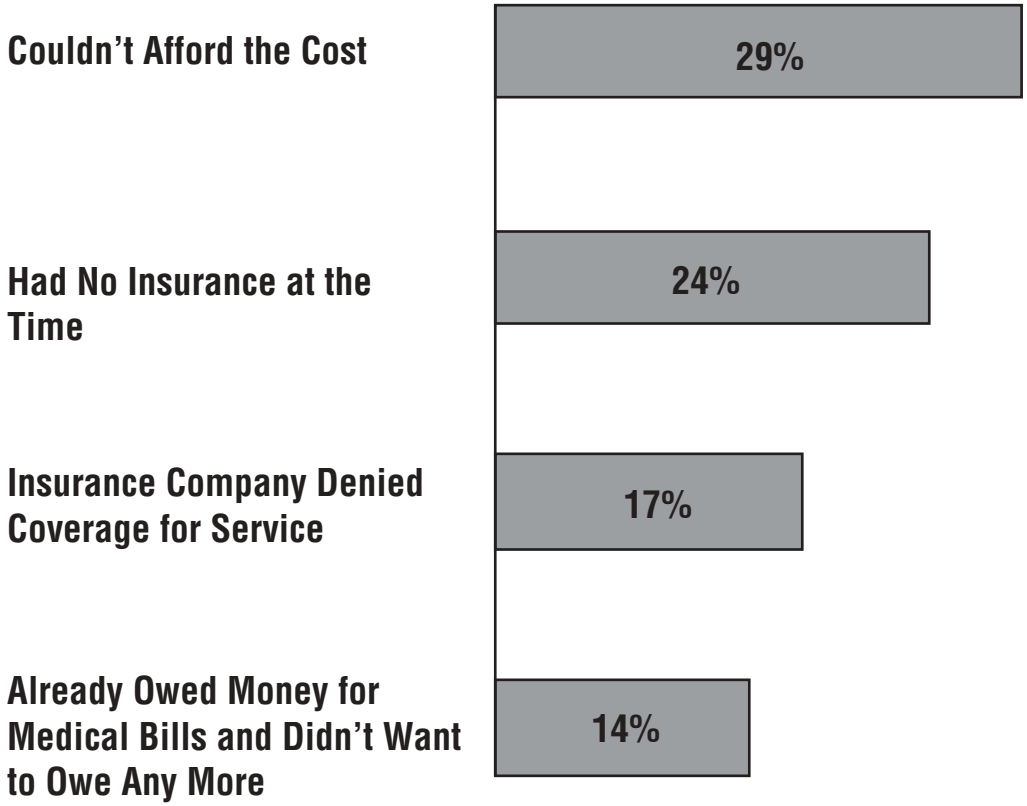
Note: Statistically different from: (a) non-poor; (b) white.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 22

Percent of D.C. Residents Who Missed or Postponed Getting Medical Care For Cost-Related Reasons

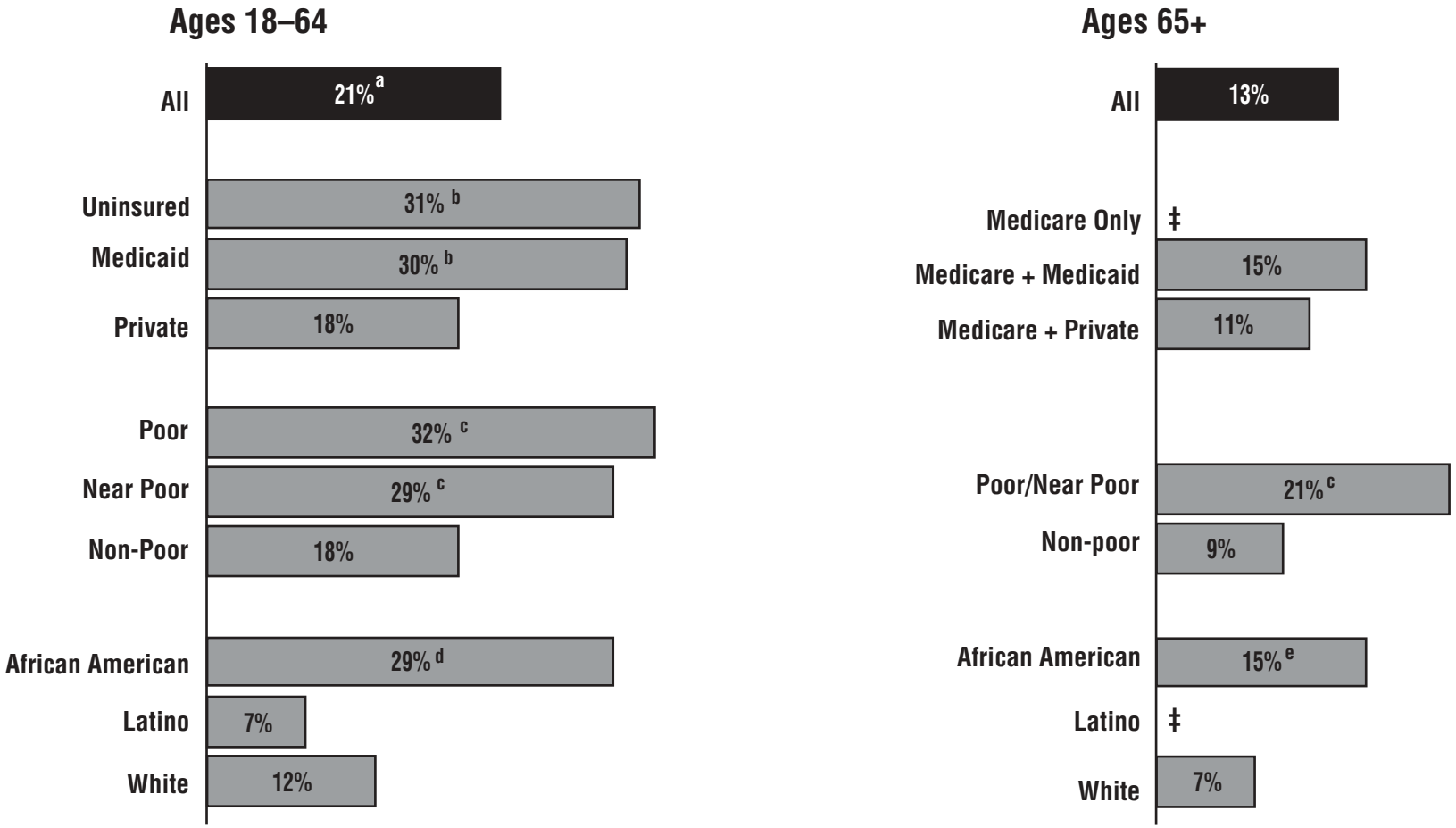
(Among those who report missing or postponing care: 17%, n=267)



Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 23

Percent of D.C. Residents Who Have Ever Been Contacted by a Collection Agency About Unpaid Medical Bills



Note: 65+ Poor and Near Poor categories were combined because the separate sample sizes were too small for reliable estimates.

Note: Statistically different from: (a) 65+; (b) private; (c) non-poor; (d) Latino and white; (e) white.

‡ Sample size too small for reliable estimate.

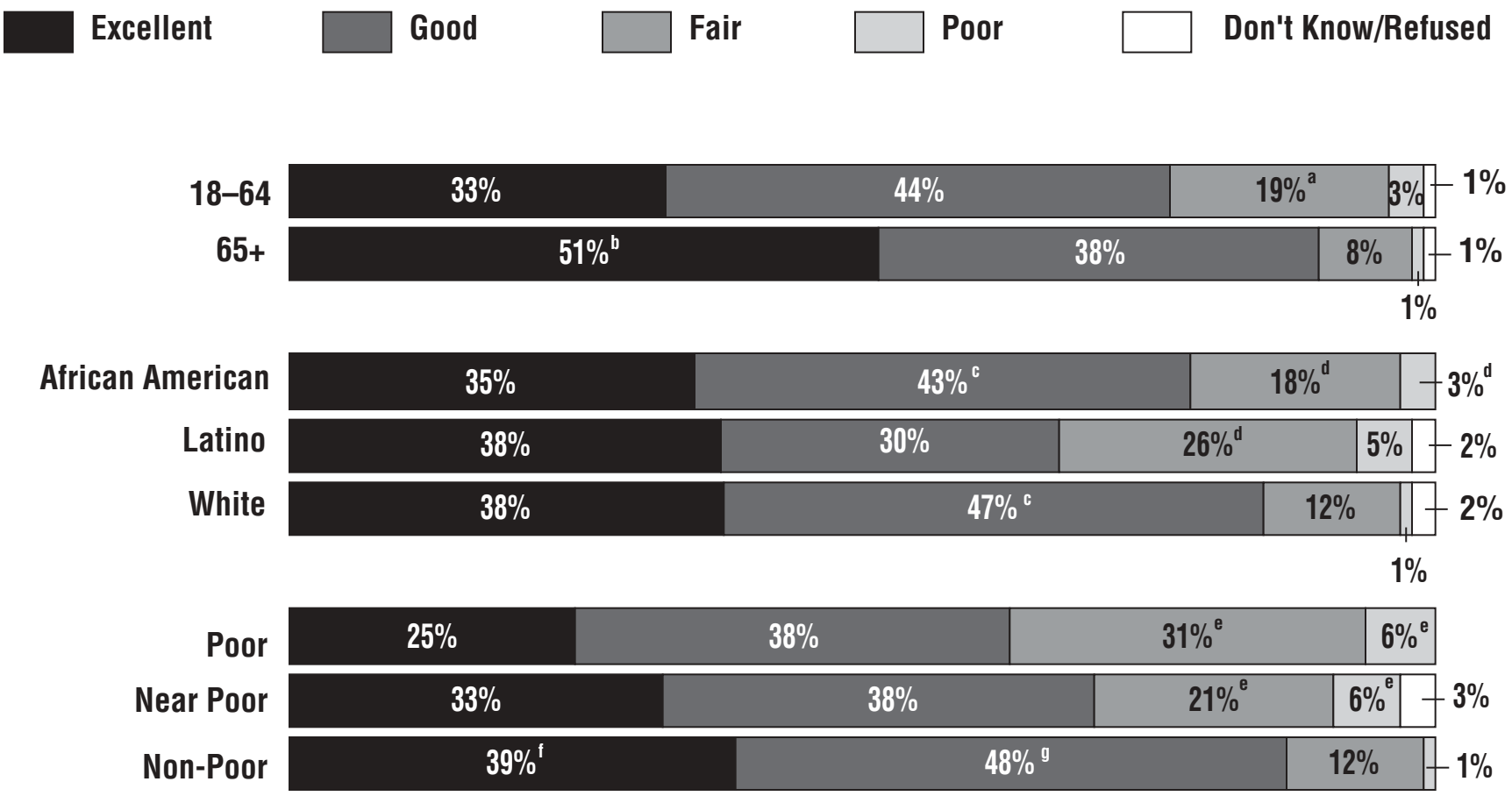
Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

V. Health Care Attitudes and Experiences

Chart 24

D.C. Residents' General Views about Health Care Services Used in the Last 12 Months

(Based on those who have been to the doctor or hospital in the last 12 months)



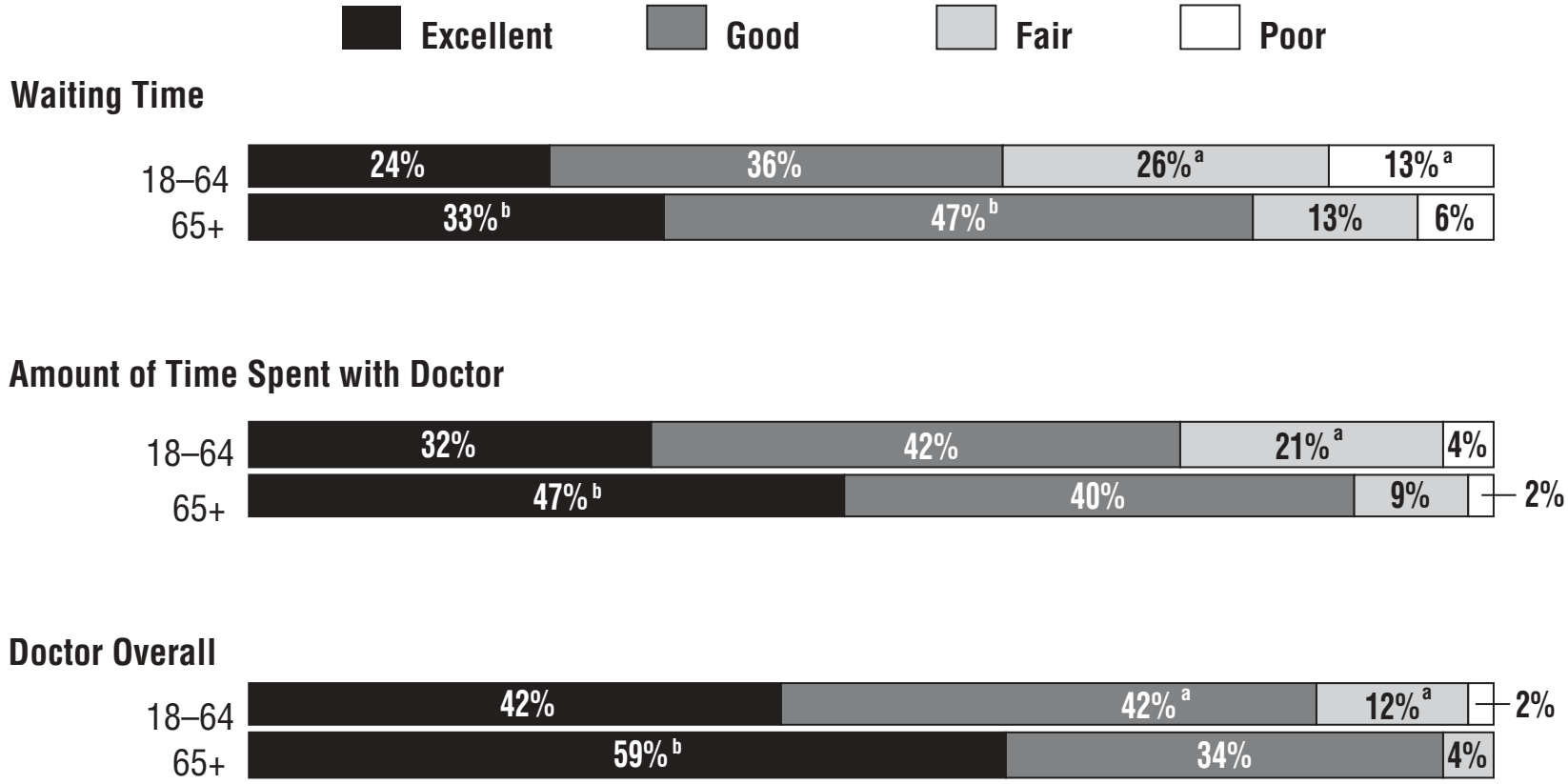
Note: Statistically different from: (a) 65+; (b) 18–64; (c) Latino; (d) white; (e) non-poor; (f) poor; (g) poor and near poor.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 25

D.C. Residents' Views about Specific Aspects of Care Received During the Last 12 Months

(Based on those who have been to the doctor or hospital in the last 12 months)



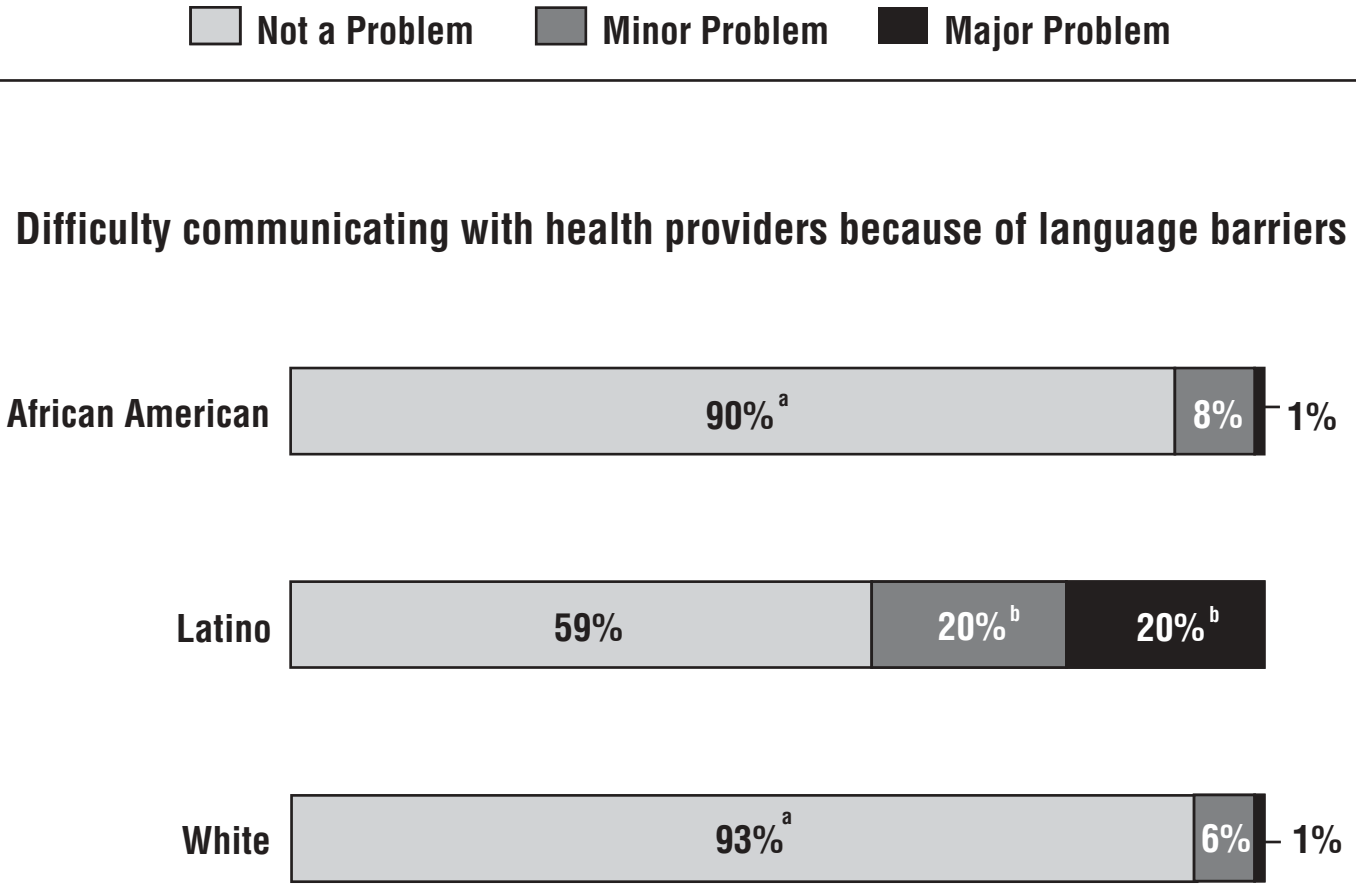
Note: Statistically different from: (a) 65+; (b) 18–64.

Individuals responding "don't know" are not included.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 26

Percent of D.C. Residents Reporting that the Following Was:

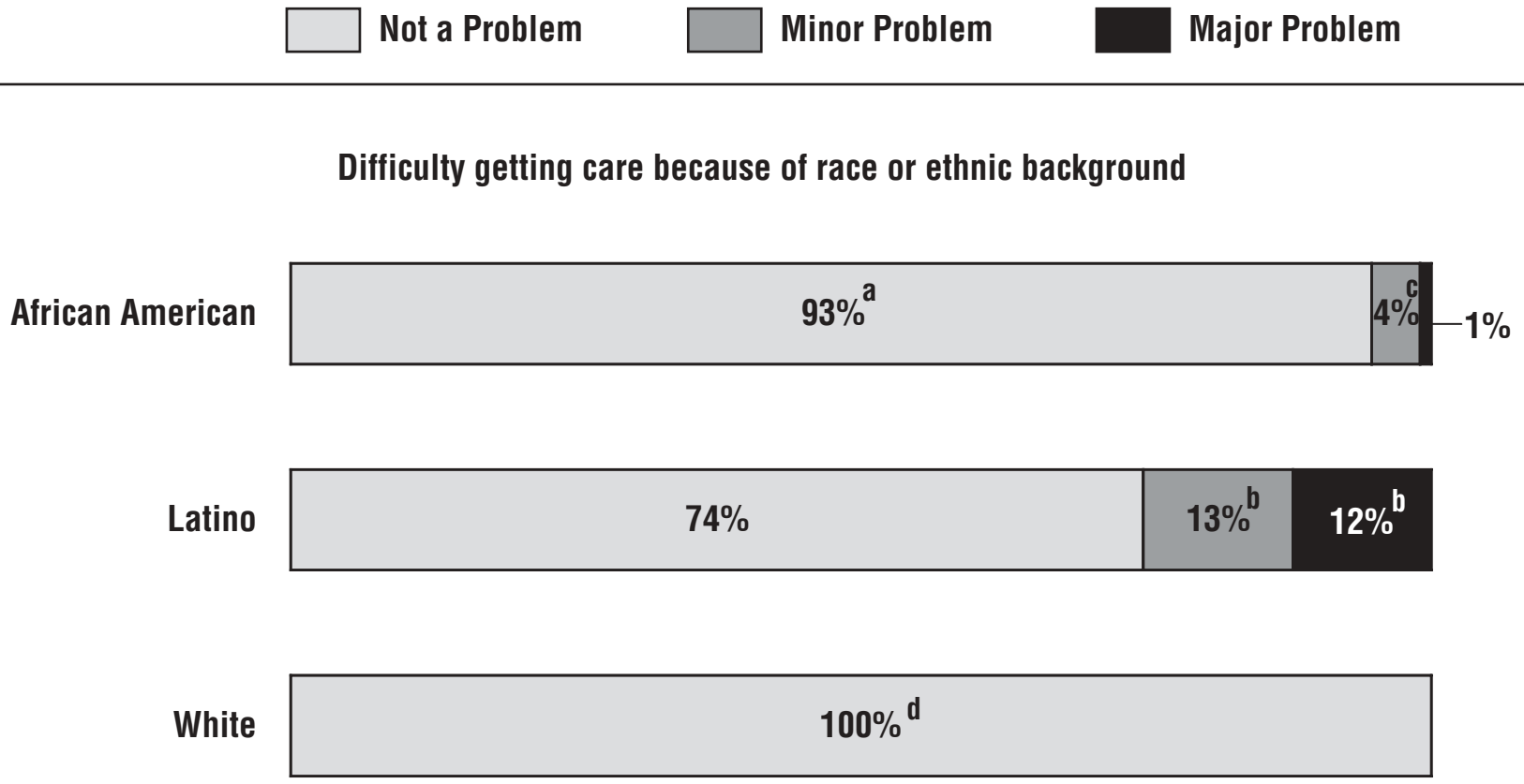


Note: Statistically different from: (a) Latino; (b) African American and white.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 27

Percent of D.C. Residents Reporting that the Following Was:

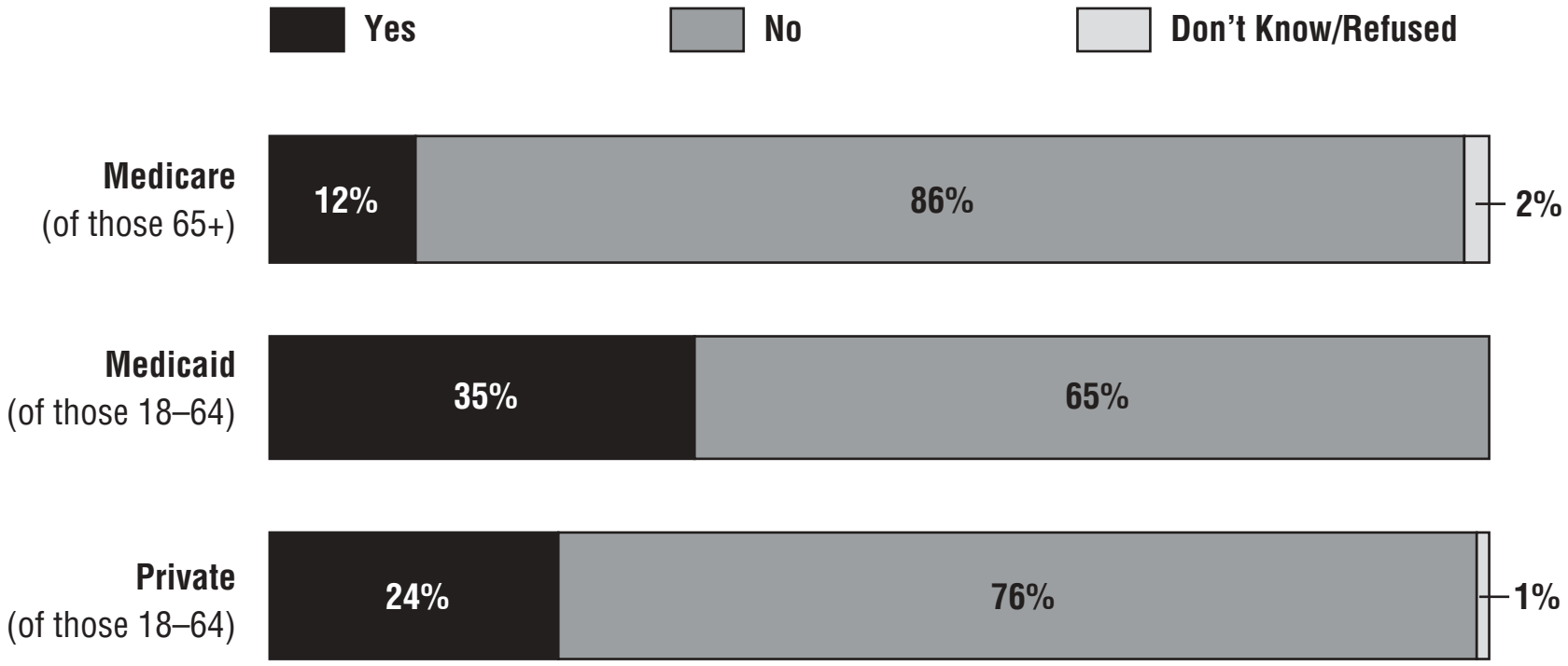


Note: Statistically different from: (a) Latino; (b) African American and white; (c) white; (d) African American and Latino.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 28

Percent of D.C. Residents Who Were Told That a Doctor's Office Was Not Accepting Patients with Their Type of Health Insurance Coverage



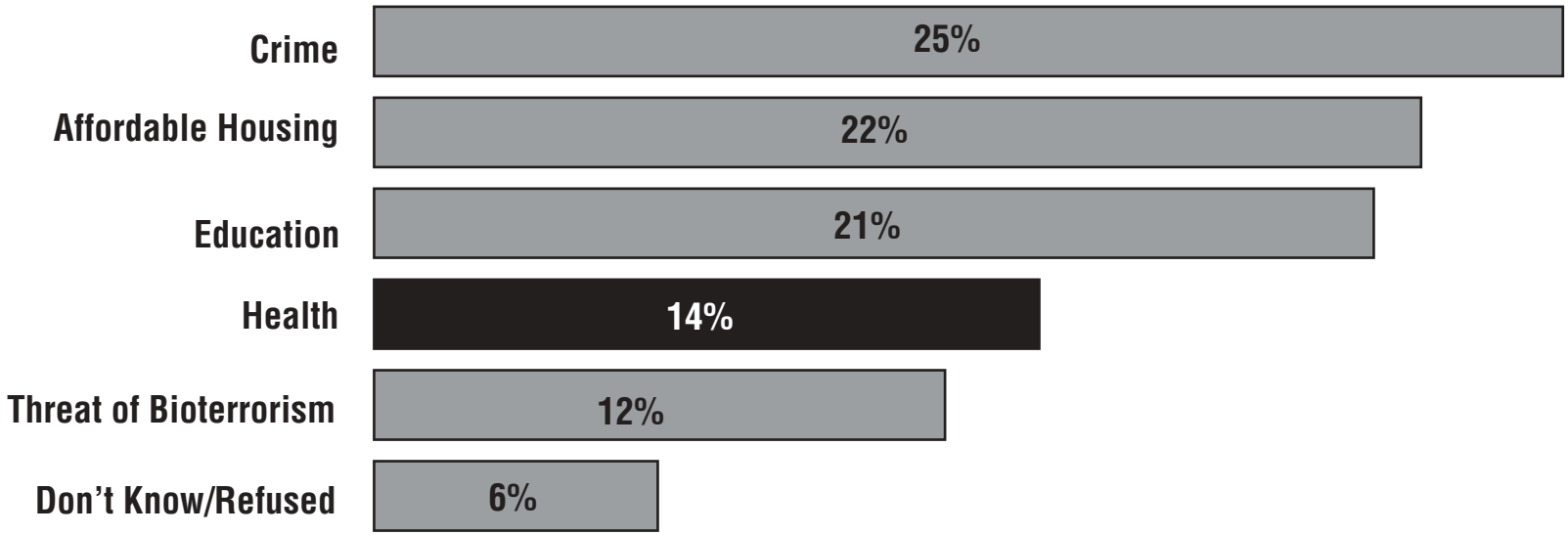
Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

VI. Views on D.C. Health Problems and Health Institutions

Chart 29

Views of the Most Urgent Problem Facing the District of Columbia

(when asked to select one from list)

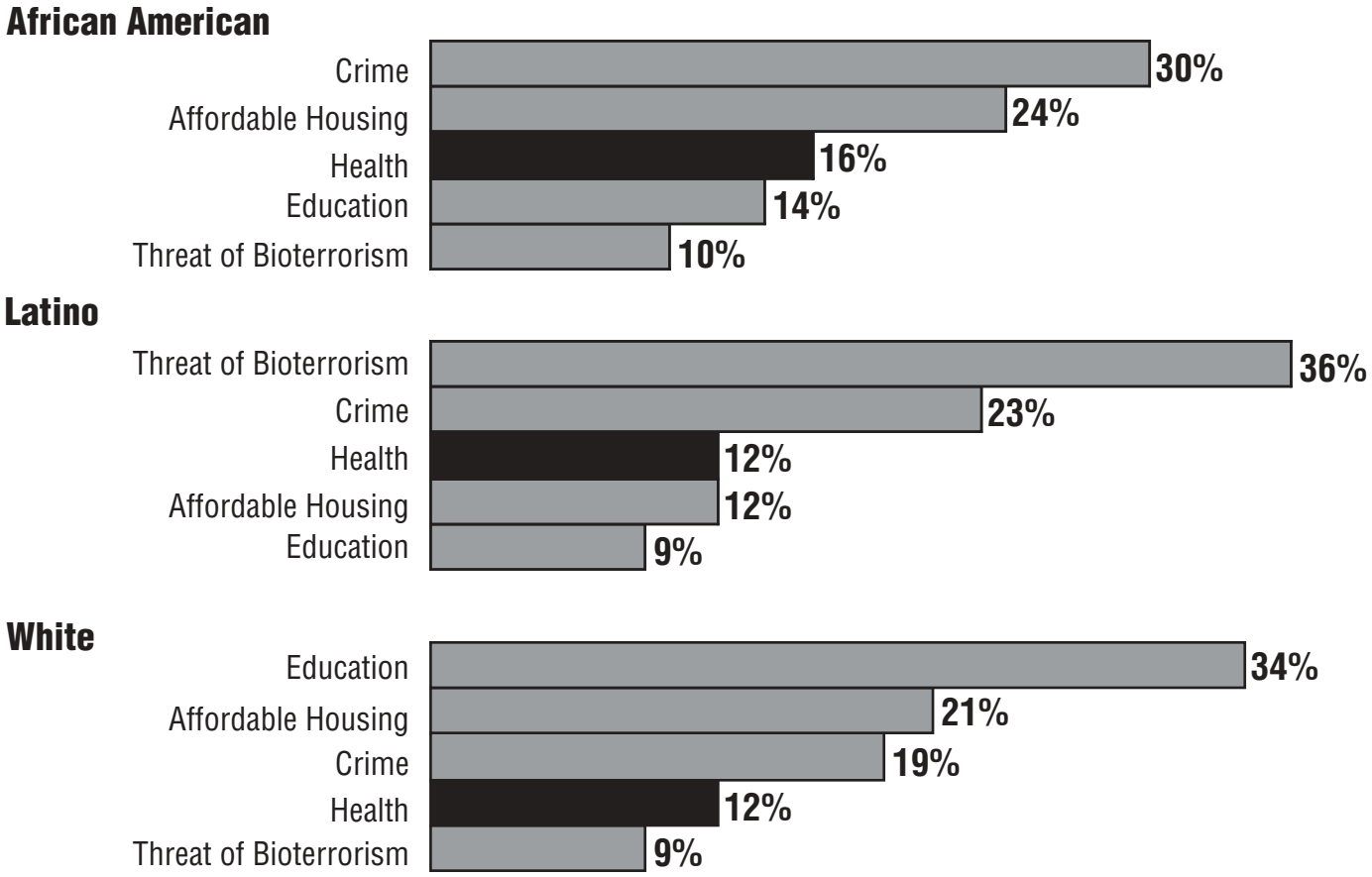


Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 30

Views of the Most Urgent Problem Facing the District of Columbia, by Race/Ethnicity

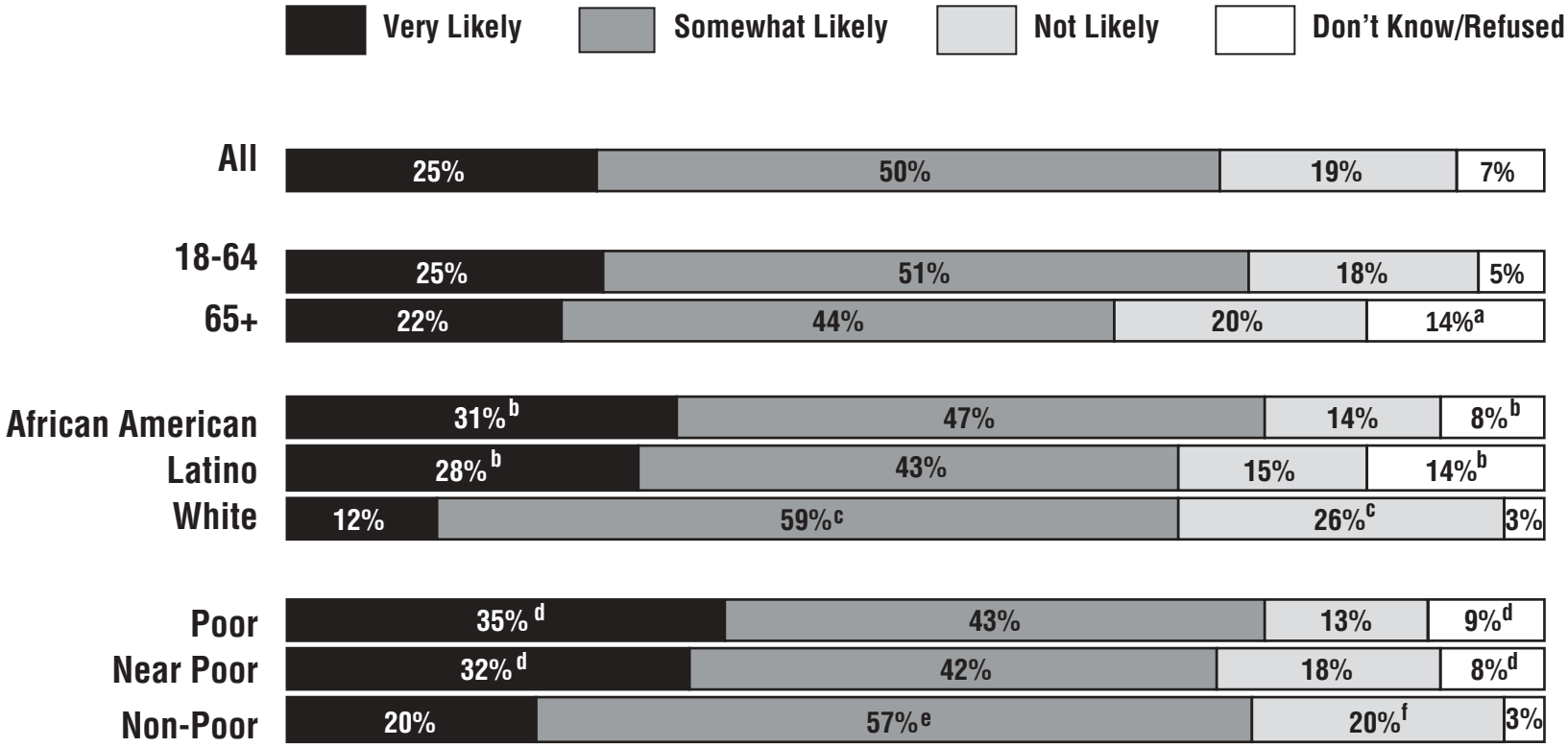
(when asked to select one from list)



Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 31

Views on the Chance that a Major Bioterrorism Event Would Occur in the District in the Next Two Years



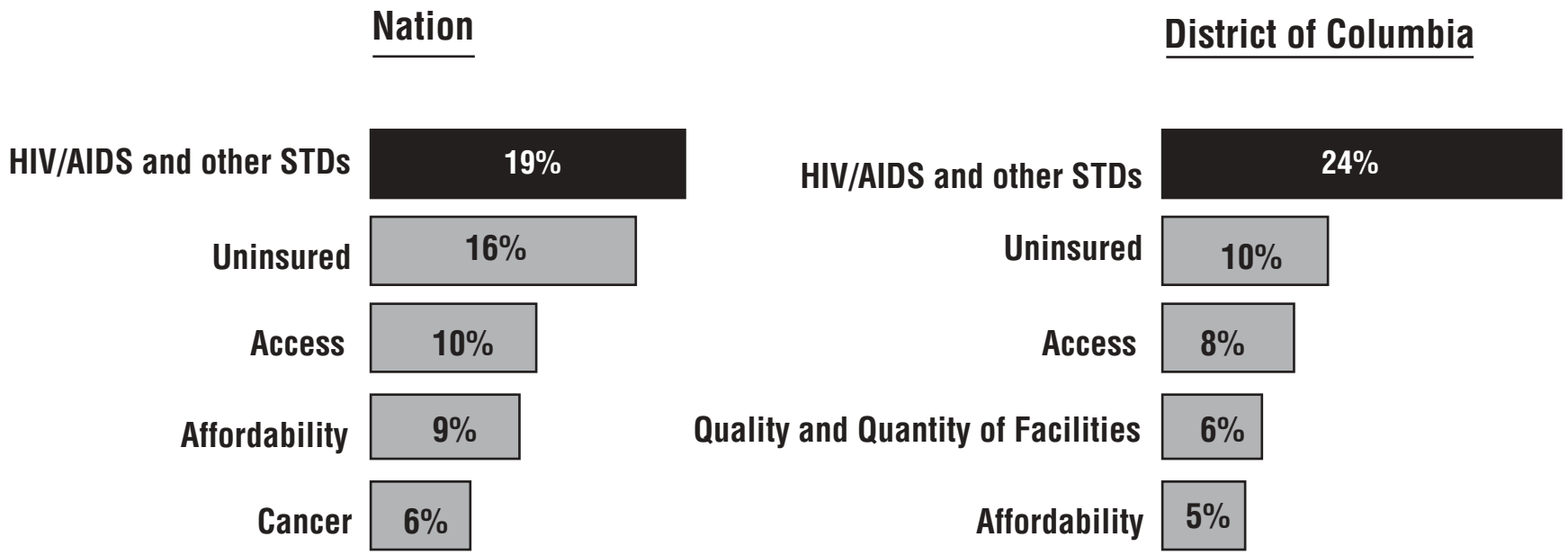
Note: Statistically different from: (a) 18–64; (b) white; (c) African American and Latino; (d) non-poor; (e) poor and near poor; (f) poor.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 32

Views of the Most Urgent Health Problem Facing the Nation and the District of Columbia

(when asked to name in open-ended question)

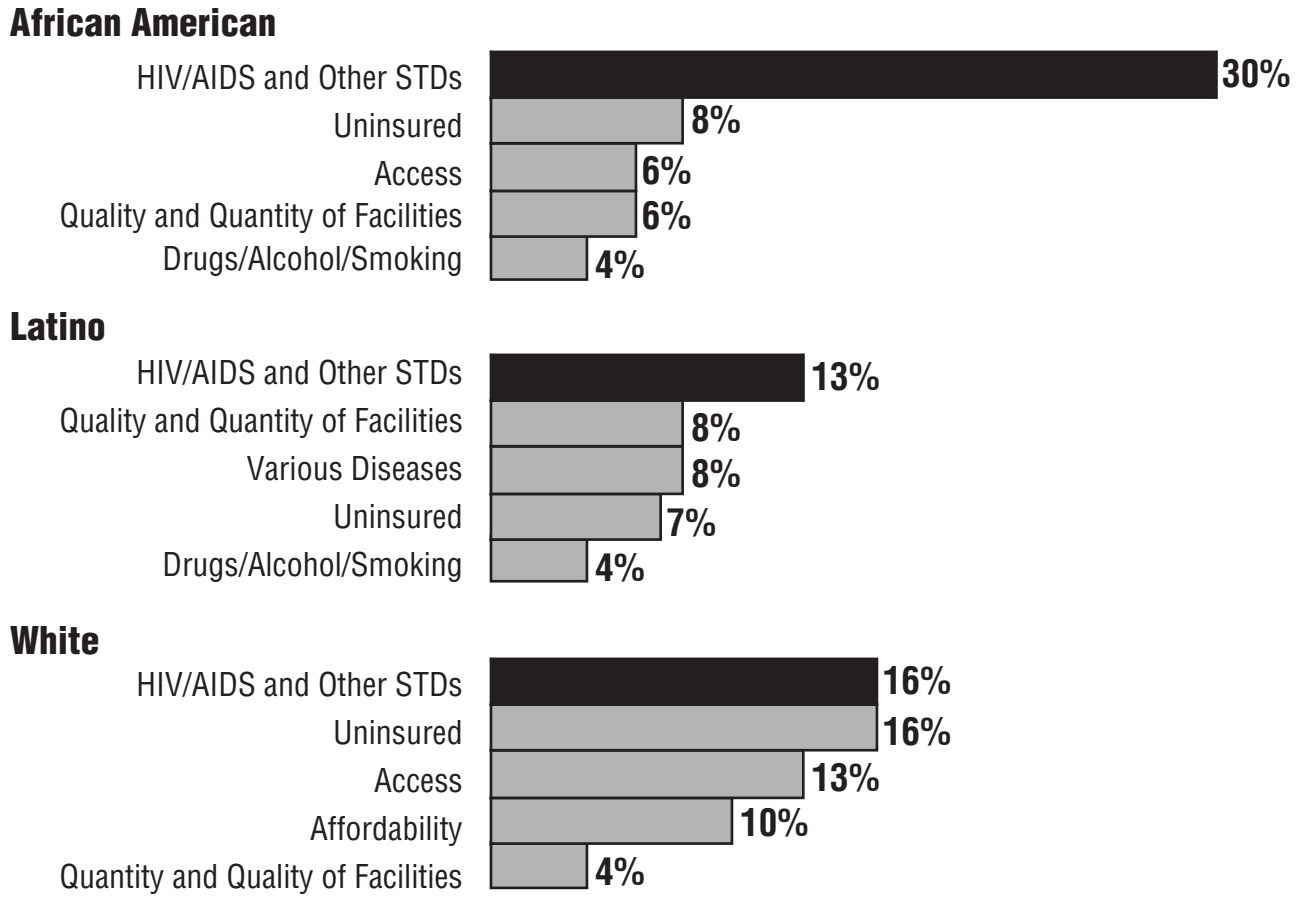


Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 33

Views of the Most Urgent Health Problem Facing the District of Columbia, by Race/Ethnicity

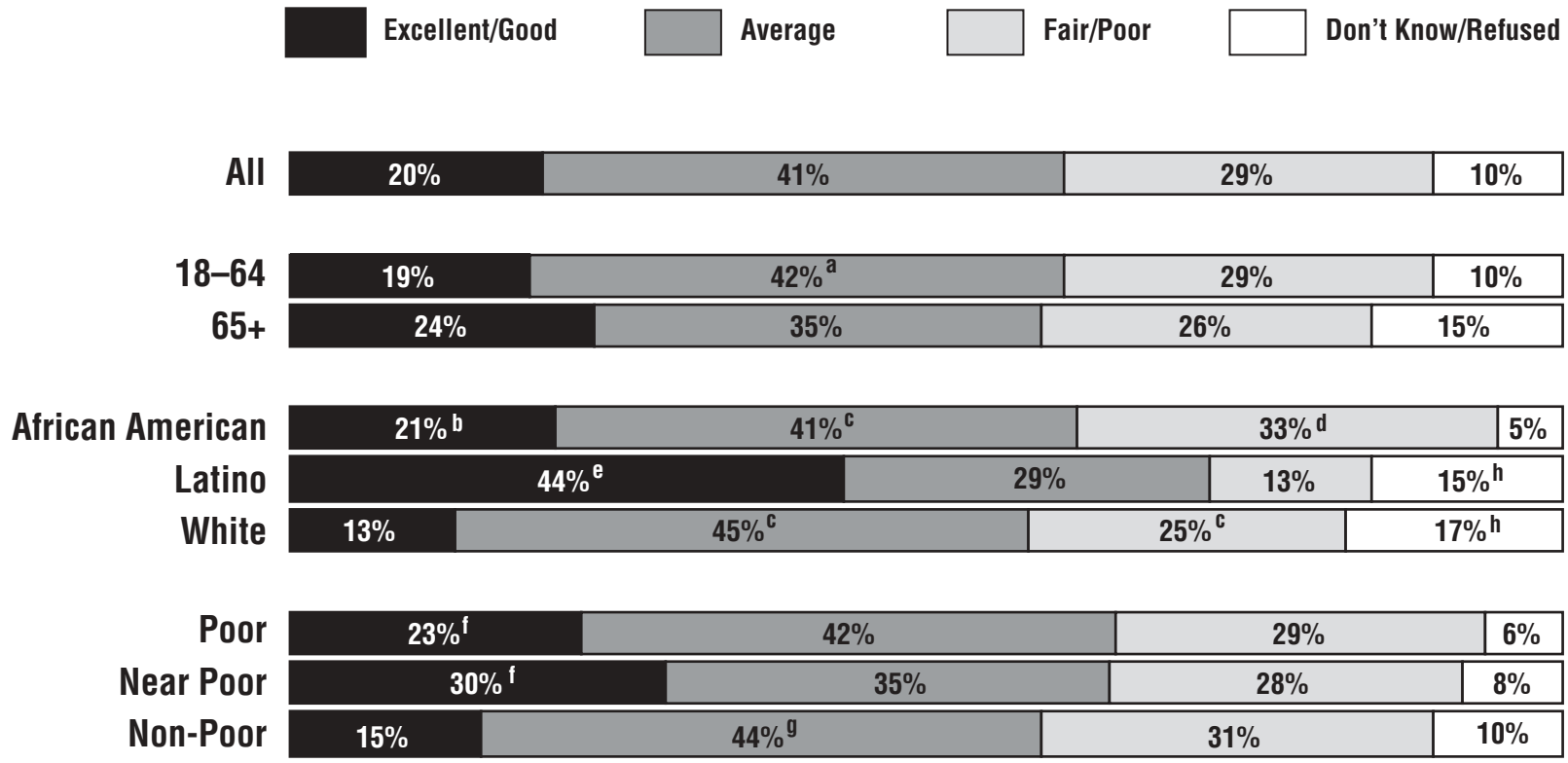
(when asked to name in open-ended question)



Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 34

Perceptions on How Well the D.C. Government is Addressing Health Care Problems

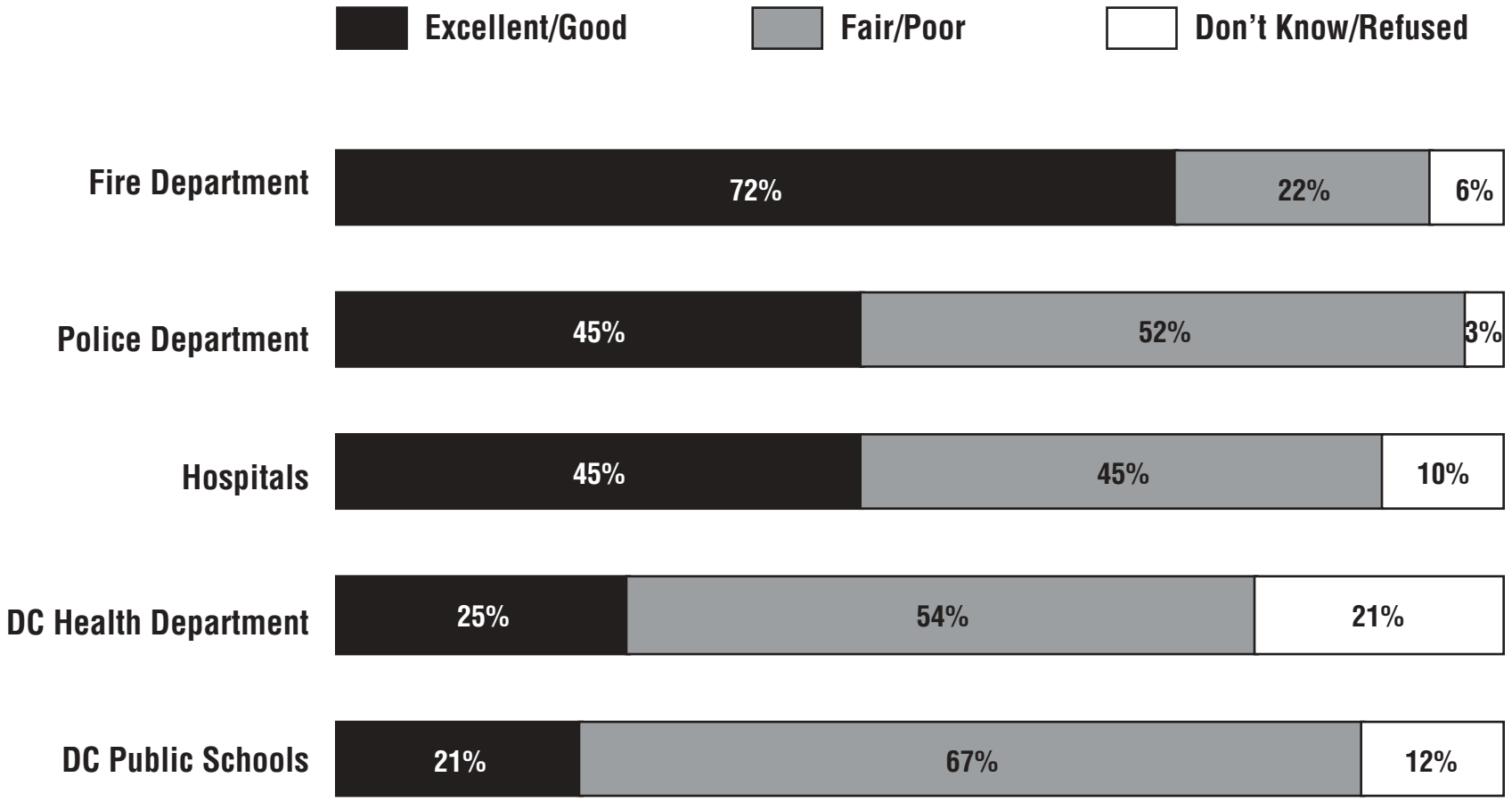


Note: Statistically different from: (a) 65+; (b) white; (c) Latino; (d) Latino and white; (e) African American and white; (f) non-poor; (g) near poor; (h) African American.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 35

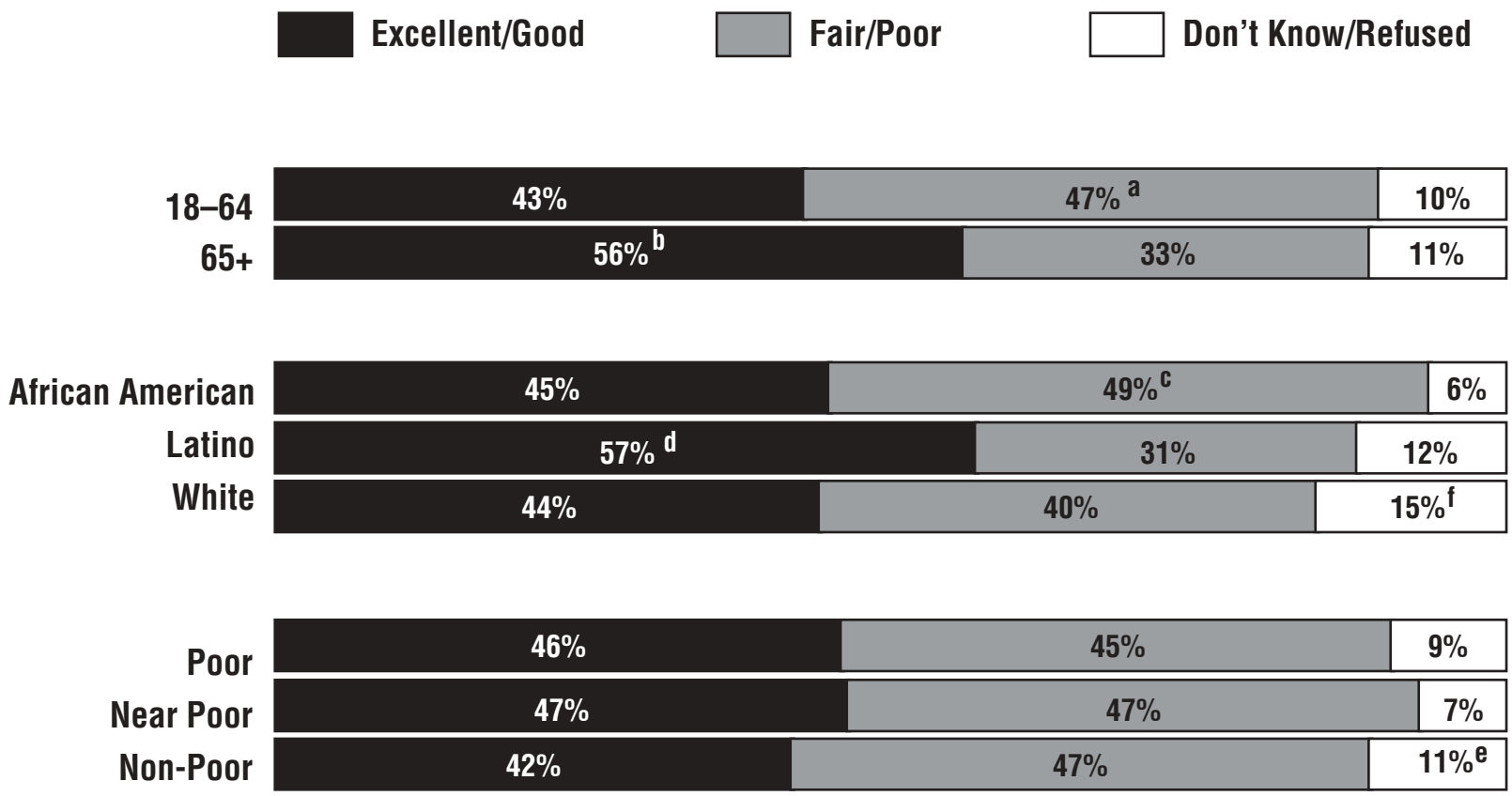
Views of How Well D.C. Institutions are Serving the District



Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 36

Views on How Well Hospitals are Serving the People of the District

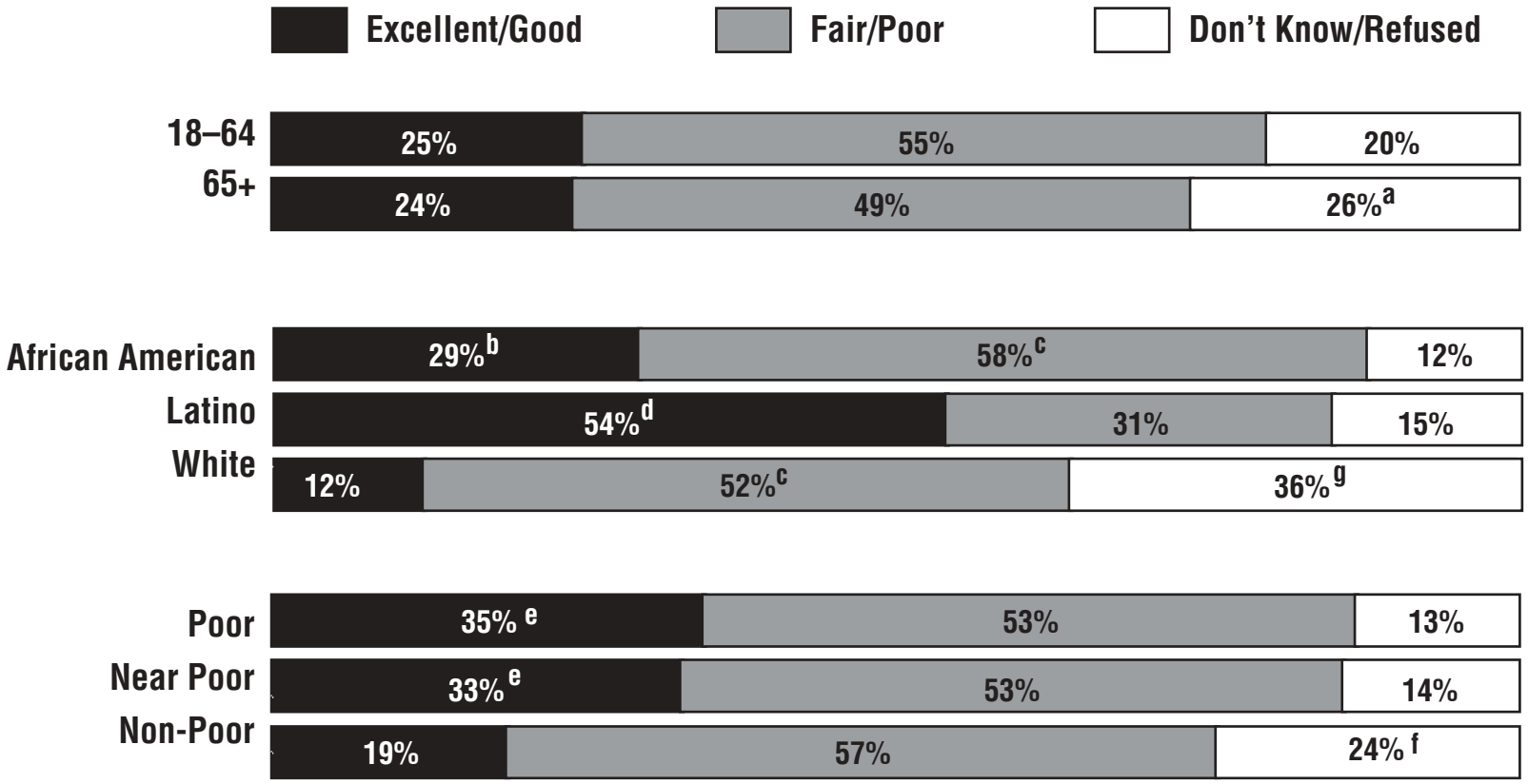


Note: Statistically different from: (a) 65+; (b) 18–64; (c) Latino and white; (d) African American and white; (e) near poor; (f) African American.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 37

Views on How Well the D.C. Health Department is Serving the People of the District



Note: Statistically different from: (a) 18–64; (b) white; (c) Latino; (d) African American and white; (e) non-poor; (f) near poor and poor; (g) African American and Latino.

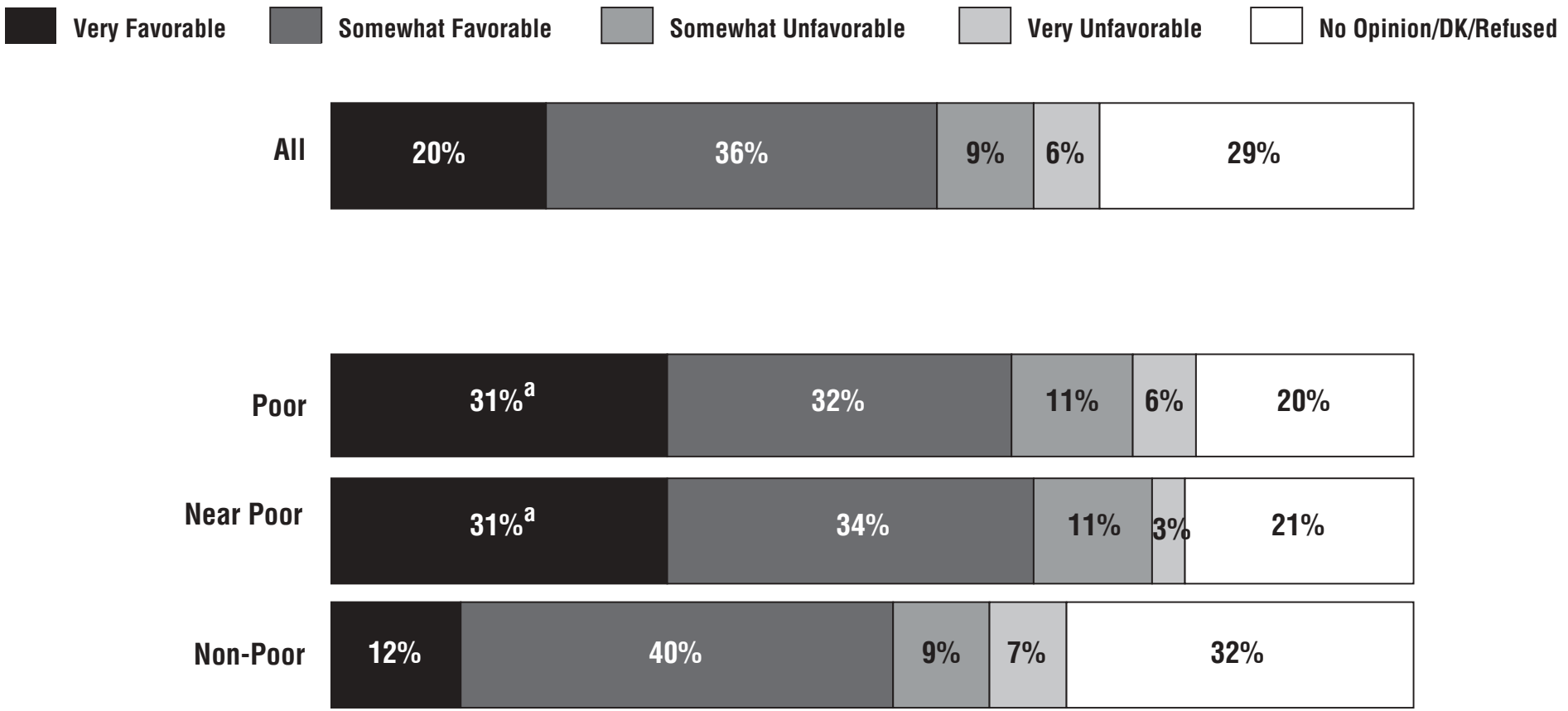
Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

VII. Views on the D.C. Health Care Alliance

Chart 38

Views on the D.C. HealthCare Alliance

(Among those familiar with or covered by it: 37%, n=578)



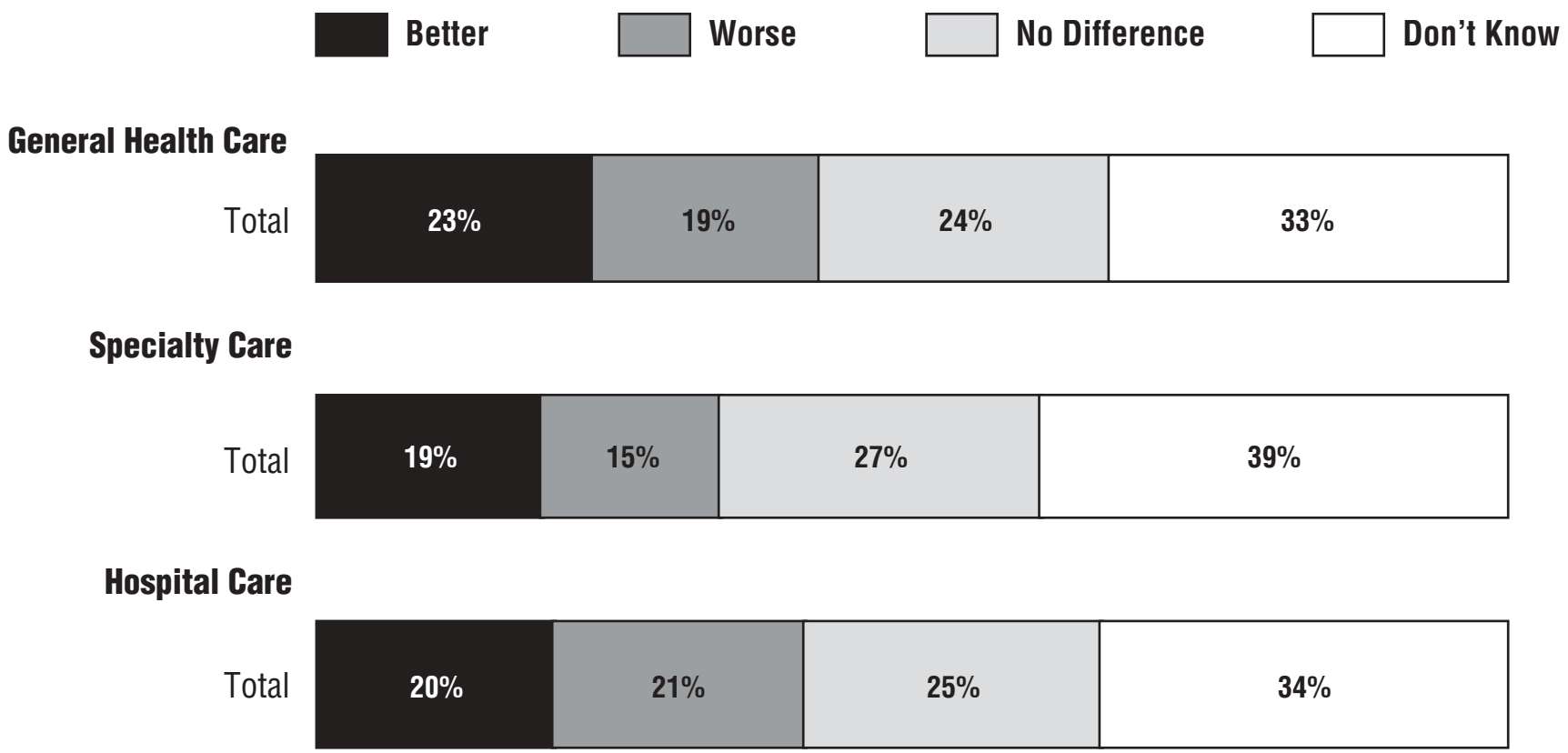
Note: Statistically different from: (a) non-poor.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 39

Views on Whether the D.C. HealthCare Alliance Has Made Access to Care Better, Worse, or No Different

(Among those familiar with or covered by it: 37%, n=578)

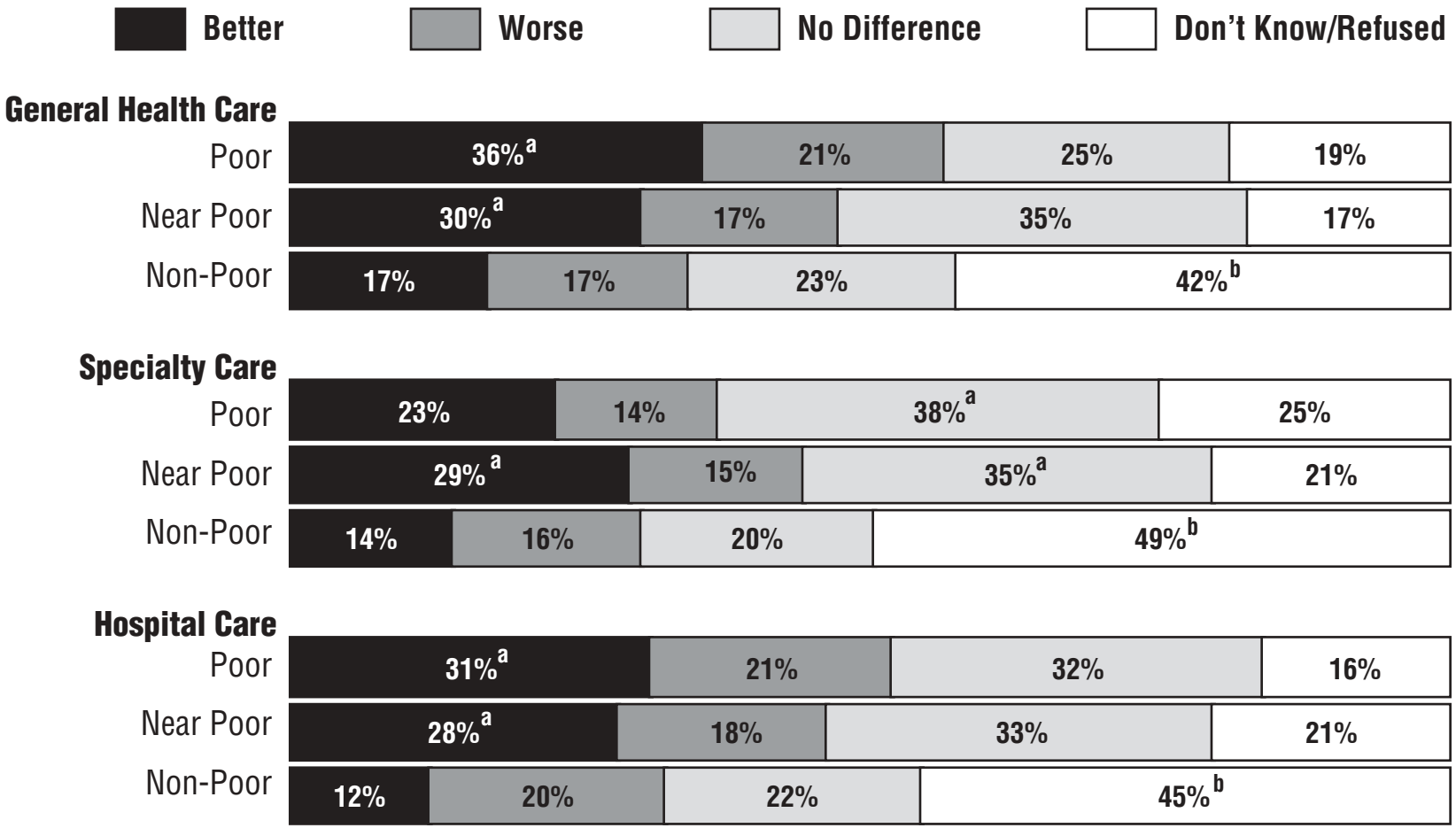


Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

Chart 40

Views on Whether the D.C. HealthCare Alliance Has Made Access to Care Better, Worse, or No Different

(Among those familiar with or covered by it: 37%, n=578)



Note: Statistically different from: (a) non-poor; (b) poor and near poor.

Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

APPENDIX 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF D.C. SURVEY RESPONDENTS, BY RACE/ETHNICITY[a]

	Total					18–64					65+				
(Unweighted N)	All (1581)	White (474)	African American (826)	Latino (154)	Other (92)	All (1081)	White (341)	African American (511)	Latino (134)	Other (77)	All (500)	White (133)	African American (315)	Latino (20)	Other (15)
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gender															
Male	46	51	41	57	56	48	52	42	56	60	39	46	38	63	13
Female	54	49	59	43	44	52	48	58	44	40	61	54	62	37	87
Income 2002															
Under 25,000	27	7	38	35	25	25	7	35	36	21	41	9	52	17	70
25,000+	61	86	49	46	60	63	85	51	44	63	51	87	39	77	28
DK/Refused	12	8	13	19	15	12	8	14	19	17	8	5	8	6	2
Years Living in DC															
<5 years	23	44	9	39	47	28	48	12	41	51	4	12	1	-	-
6-20 years	22	32	12	48	22	25	35	15	50	23	5	11	4	18	-
20+ or entire life	52	24	76	9	31	45	17	72	5	25	88	75	93	80	98
DK/Refused	1	-	1	3	-	2	-	1	3	-	2	2	2	2	2
Primary Language															
English	88	93	97	9	82	86	92	96	7	81	96	95	99	37	98
Bilingual	6	7	3	18	18	7	7	4	18	19	2	5	1	24	2
Spanish	6	1	-	73	-	7	1	-	75	-	1	-	-	39	-
Education															
<High School	20	2	25	67	3	17	1	20	69	3	35	10	47	45	5
HS graduate or equal	23	7	35	12	17	23	6	37	12	14	23	13	27	9	57
Some college	18	10	24	6	32	19	10	26	5	34	15	12	14	20	14
College graduate+	38	81	16	13	45	41	84	16	12	47	26	65	12	25	23
DK/Refused	1	-	1	2	2	1	-	1	2	2	-	-	-	-	-
Employment															
Employed full-time	50	61	43	52	46	57	66	52	53	51	10	25	6	23	-
Employed part-time	7	7	6	14	14	8	8	6	14	15	5	2	5	15	-
Self-employed	6	9	3	3	6	6	10	4	3	7	3	6	1	11	-
Not employed	37	22	48	29	31	28	15	38	28	24	82	68	88	51	100
DK/Refused	-	-	-	2	3	-	-	-	2	3	-	-	-	-	-
Household Size															
One	33	38	32	14	32	29	37	26	12	29	56	45	57	33	62
Two	27	35	25	17	28	26	32	24	16	29	32	51	27	45	18
Three or more	39	26	43	67	38	43	29	49	71	40	12	3	15	22	20
DK/Refused	1	1	-	1	1	1	1	-	-	1	-	-	-	-	-

[a] Racial/Ethnic groups are mutually exclusive
Source: Kaiser Family Foundation, *D.C. Health Care Access Survey,* October 2003 (conducted January–April 2003).

APPENDIX 2: KEY ACCESS INDICATORS FOR D.C. RESIDENTS BY INCOME, RACE/ETHNICITY, INSURANCE STATUS AND GENDER

	Regular Source of Care:						
	None	Emergency Room	Hospital Outpatient Dept. or Clinic	No particular doctor when sick or need advice	No medical visits in last 12 months	Wait two weeks or more for medical appointment when sick	Missed or Postponed Needed Care
ALL PERSONS	**2%**	**6%**	**27%**	**33%**	**13%**	**10%**	**17%**
ALL PERSONS 18–64	**2%**	**7%**	**27%**	**36%**	**14%**	**11%**	**18%**
INCOME							
Poor	4	13[a]	54[b]	53[a]	12	21[b]	30[b]
Near poor	5[a]	9	41[a]	47[a]	18[a]	10	17
Non-poor	1	4	16	26	11	9	18
RACE/ETHNICITY							
African American	1	9[d]	34[d]	35	13	12[d]	18
Latino	15[c]	9[d]	47[j]	65[c]	38[c]	24[c]	13
White	2	1	13	28	10	7	18
Other	3	15[d]	24	52[c]	13	12	21
INSURANCE STATUS							
Uninsured	15[e]	21[e]	32[f]	76[e]	45[e]	8	18
Medicaid	1	9	61[g]	41[f]	7	19[g]	25
Private	1	4	17	28	11	8	16
GENDER							
Male	5[i]	9[i]	25	40[i]	22[i]	10	15
Female	1	4	30	32	7	12	21[k]
ALL PERSONS 65+	**2%**	**5%**	**24%**	**21%**	**10%**	**5%**	**10%**
INCOME							
Poor/Near Poor	3	2	37[a]	28	19[a]	5	13
Non-poor	2	6	15	18	4	5	7
RACE/ETHNICITY							
African American	1	4	30[d]	22[d]	11[d]	4	10
White	0	5	5	8	4	7	8
INSURANCE STATUS							
Medicare + Medicaid	0	4	52[e]	32[h]	10	6	10
Medicare + Private	2	2	17	15	7	3	10
GENDER							
Male	3	6	23	21	8	5	8
Female	2	4	25	21	11	4	11

Note: The 65+ poor and near poor categories were combined because separate sample sizes were too small for reliable estimates. Data are not shown for Latinos 65+, Other 65+ and Medicare Only because the sample sizes are too small for reliable estimates.

Note: Findings are statistically different from: (a) non-poor; (b) near poor and non-poor; (c) African American and white; (d) white; (e) Medicaid and private; (f) private; (g) private and uninsured; (h) Medicare + Private; (I) female; (j) African American, white and other; (k) male.

Source: Kaiser Family Foundation, D.C. Health Care Access Survey, October 2003 (conducted January–April 2003

Methodology

The Henry J. Kaiser Family Foundation *2003 D.C. Health Care Access Survey* was conducted by telephone between January 21 and April 23, 2003. The survey included a randomly selected representative sample of 1,581 adults, 18 years of age and older, living in Washington D.C. households. Interviews were conducted in English and Spanish, based on the respondent's preference. Foundation staff, in consultation with Princeton Survey Research Associates International (PSRAI), developed the survey questionnaire. PSRAI also developed the sample design, conducted the fieldwork, and weighted the data to correct for sample design effects and nonresponse.

The sample design employed a standard random digit dialing (RDD) methodology, with an oversample of Latino households. Telephone exchanges serving D.C. were identified to maximize the selection of households that are representative of the racial/ethnic, income, and geographic mix of the District. Results were then weighted to represent the known demographic characteristics of adults in Washington D.C. The unweighted and weighted sample characteristics are provided in the PSRAI methodology report, available upon request.

The margin of sampling error is plus or minus 3 percentage points for total respondents. For results based on subsets of respondents, the margin of sampling error is higher (see adjacent table). In some cases the substrata developed for analysis (such as Latinos ages 65 and older) included too few respondents to yield reliable population estimates. Estimates for population subgroups of fewer than 75 respondents are not included in this report and are noted with an "‡ " on the charts. Please note that sampling error is only one of many potential sources of error.

Additional copies of this chartpack (#6108) and the survey toplines (#6109) are available online at www.kff.org.

	Number of Respondents (n)	Margin of Sampling Error
Total	**1,581**	**+/- 3.0** Percentage Points
Age		
18-64	1,081	3.4
65+	500	5.8
Race/Ethnicity		
African American	826	4.2
White	474	5.3
Latino	154	10.1
Other	92	12.6
Refused/Don't Know	35	-
*Note: Racial/Ethnic groups are mutually exclusive.		
Income		
Poor	222	8.3
Near Poor	245	7.3
Non-Poor	852	4.0
Refused/Don't Know	262	-

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